

# Application for Compliance Schedule



Form 11 - Section 106, Building Act 2004

Schedule No.: \_\_\_\_\_ Building Category (Office use only) : \_\_\_\_\_

## Building Location

Rapid#/Street No.: \_\_\_\_\_ Road/Street: \_\_\_\_\_

Legal Description: Lot No \_\_\_\_\_ D.P. No \_\_\_\_\_ Val No \_\_\_\_\_ Sec No \_\_\_\_\_ Blk No \_\_\_\_\_  
of land where building is located [state legal description as at the date of application]

Blk name & No \_\_\_\_\_ ML No \_\_\_\_\_

If the land is proposed to be subdivided \_\_\_\_\_  
Include details of relevant lot no and subdivision consent

Building Name: \_\_\_\_\_  
(If applicable)

Location Of Building: \_\_\_\_\_  
(If applicable) within site/block number [include nearest street access]

Current, Lawfully Established, Use: \_\_\_\_\_ Level/Unit Number: \_\_\_\_\_  
[include number of occupants per level and per use if more than 1]

Section 1

## Details of owner

Title: Mr / Mrs / Miss / Ms ( other \_\_\_\_\_ )

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Contact Person (If not as above) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Street Address/Registered Office: \_\_\_\_\_

\_\_\_\_\_

Phone No: (Ah) \_\_\_\_\_ (Bh) \_\_\_\_\_

Mobile No: \_\_\_\_\_ Fax : \_\_\_\_\_

Email Address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED TO THIS APPLICATION:  
 Copy of certificate of title, lease, agreement for sale and purchase, occupation order, or other document showing full name of legal owner(s) of the building

## Agent (if application is being made on behalf of owner) Agent contact must be NZ address

Title: Mr / Mrs / Miss / Ms ( other \_\_\_\_\_ )

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Contact Person (If not as above) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Street Address/Registered Office: \_\_\_\_\_

\_\_\_\_\_

Phone No: (Ah) \_\_\_\_\_ (Bh) \_\_\_\_\_

Mobile No: \_\_\_\_\_ Fax : \_\_\_\_\_

Email Address \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Relationship To Owner: \_\_\_\_\_  
(state details of authorisation from the owner to make the application on the owner's behalf)

\_\_\_\_\_

### FIRST POINT OF CONTACT

For communications with the Council:  Owner  Agent  
 Mail documents to:  Owner  Agent

Section 2

## Application

I request that the compliance schedule for the above building be amended:

\*PLEASE ATTACH A COPY OF EXISTING COMPLIANCE SCHEDULE & COMPLETED SCHEDULE OF SPECIFIED SYSTEMS FORM T-27.S1

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
 SIGNATURE OF OWNER / AGENT ON BEHALF OF AND WITH THE AUTHORITY OF THE OWNER

Section 3

**Compliance Schedule Details**

Please complete the following details and attach a completed T-27.s1 form (available on request or download from our web site)

**Please select which of these specified systems are contained in the building:**

Existing	New/Altered		Existing	New/Altered	
<input type="checkbox"/>	<input type="checkbox"/>	1 Automatic systems for fire suppression e.g. sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	12 Audio loops or other assistive listening systems
<input type="checkbox"/>	<input type="checkbox"/>	2 Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	12/1 Audio Loops
<input type="checkbox"/>	<input type="checkbox"/>	3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	12/2 FM systems & infrared beam transmission systems
<input type="checkbox"/>	<input type="checkbox"/>	3/1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	13 Smoke control systems
<input type="checkbox"/>	<input type="checkbox"/>	3/2 Access controlled doors	<input type="checkbox"/>	<input type="checkbox"/>	13/1 Mechanical smoke control
<input type="checkbox"/>	<input type="checkbox"/>	3/3 Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	13/2 Natural smoke control
<input type="checkbox"/>	<input type="checkbox"/>	4 Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	13/3 Smoke curtains
<input type="checkbox"/>	<input type="checkbox"/>	5 Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	14 Emergency power systems for, or signs relating to a system or feature specified in clauses 1 to 13
<input type="checkbox"/>	<input type="checkbox"/>	6 Riser mains for use by fire service	<input type="checkbox"/>	<input type="checkbox"/>	14/1 Emergency power systems relating to system in clauses 1-13
<input type="checkbox"/>	<input type="checkbox"/>	7 Any automatic backflow preventer connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	14/2 Signs relating to a system specified in clauses 1-13
<input type="checkbox"/>	<input type="checkbox"/>	8 Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	15 Any of the following systems, that form part of a building's means of escape and so long as those means also contain any or all of the systems or features specified in 1-6, 9 & 13:
<input type="checkbox"/>	<input type="checkbox"/>	8/1 Passenger carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	15/1 Systems to communicate spoken info to facilitate evacuation
<input type="checkbox"/>	<input type="checkbox"/>	8/2 Service lifts	<input type="checkbox"/>	<input type="checkbox"/>	15/2 Final exits
<input type="checkbox"/>	<input type="checkbox"/>	8/3 Escalators & moving walkways	<input type="checkbox"/>	<input type="checkbox"/>	15/3 Fire separations
<input type="checkbox"/>	<input type="checkbox"/>	9 Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	15/4 Signs for communicating information to facilitate evacuation
<input type="checkbox"/>	<input type="checkbox"/>	10 Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	15/5 Smoke separations
<input type="checkbox"/>	<input type="checkbox"/>	11 Laboratory fume cupboards			

**Attachments**

Completed T-27 Form.s1 schedule of specified systems

Notes:

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PROGRAMMING SHEET : FOR OFFICE USE ONLY

ORDER / OFFICER	OFFICER'S NAME	DATE RECEIVED	DATE COMPLETE	INITIALS	✓ = Approved ✗ = Cancelled
Received by					
Programmed by					
Building Inspector					<input type="checkbox"/>
Issuing Clerk*					*ensure c/schedule fee is invoiced