



FORM 2



GISBORNE
DISTRICT COUNCIL
Fitzherbert Street, PO Box 747, Gisborne
Ph (06) 867 2049 Fx (06) 867 8076

APPLICATION FOR PROJECT INFORMATION MEMORANDUM and/or BUILDING CONSENT

Section 33 or section 45, Building Act 2004

SECTION 1

THE BUILDING [Project Location] [CT no.]	
Street address/rapid number of building: [for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection] <hr/> <hr/>	Legal description of land where building is located: [state legal description as at the date of application and, if subdivision is proposed include details of relevant lot numbers and subdivision consent] Lot: _____ DP: _____ Sec No: _____ Blk No: _____ Val No: _____ ML No: _____ Blk name & No: _____
Building name: [if applicable] <hr/>	Location of building within site: [include nearest street access] <hr/>
Number of levels: [include ground level and any levels below ground]	Level/Unit number: [if applicable]
Area: Existing floor area: _____ New floor area: _____ Total floor area: _____	Current, lawfully established, use: [include number of occupants per level and per use if more than one level] <hr/>
Year first constructed: [approximate date is acceptable e.g.: c1920's or 1960-1970]	

SECTION 2

OWNER [must be completed for all applications and all details must be the owners]	
Name of owner: [include preferred form of title, e.g. Mr, Miss, Dr if an individual and the contact persons name if a company, trust of similar]	
Owner's mailing address: <hr/> <hr/>	Street address/Registered office: <hr/> <hr/>
Owner's contact details: Landline: _____ Mobile: _____ After hours: _____ Facsimile Number: _____ Email: _____ Website: _____	
Evidence of ownership: [please attach one of the following, as appropriate to the circumstances, showing full name of legal owner(s) of the building/land]	
<input type="checkbox"/> Copy of certificate of title, no more than one month old <input type="checkbox"/> Agreement for sale and purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other _____ AND*	
OR* <input type="checkbox"/> *Council to obtain certificate of title (cost as per Council fee schedule)	

COUNCIL USE ONLY:	
Building Consent No.: _____	BF no.: _____
<hr/> <hr/>	Category <div style="border: 1px solid black; width: 100px; height: 30px;"></div>

The following Councils have developed this form in partnership:



AGENT [only required if application is being made on behalf of the owner]

Owners authorisation to act as agent: [to be signed in lieu of authorisation letter] or, alternatively: authorisation letter attached

I, _____ as owner of the above property, authorise _____

to act as my agent.

Signature: [of building owner(s)] _____ Date: _____

Name of agent: [include the contact persons name if a company, trust of similar]

Agent's mailing address:

Street address/Registered office:

Agent's contact details:

Landline: _____ Mobile: _____

After hours: _____ Facsimile Number: _____

Email: _____ Website: _____

Relationship to owner: [state details and provide written authorisation from the owner to make the application on the owner's behalf]

SECTION 3

THE PROJECT

Description of the building work: [provide sufficient description of building work to enable scope of work to be fully understood]

List building consents previously issued for this project (if any):

[list who issued the consent, the date of issue and the consent number]

Estimated value of the building work on which the levy will be calculated (including goods and services tax): [state estimated value as defined in section 7 of the Building Act 2004]

\$

Will the building work result in a change of use of the building?

Yes

No

If yes, provide details of the new use:

Intended life of the building if less than 50 years:

Type of application: I request that you issue a:

- Building Consent
- PIM (Project Information Memorandum) only
- Building Consent and PIM (Project Information Memorandum)
- Building Consent Only in accordance with existing PIM (Project Information Memorandum) [please complete details below]

Project Information Memorandum was applied for on ____/____/____

Project Information Memorandum Number: _____ was issued on ____/____/____

SECTION 4

PROJECT INFORMATION

The following matters are involved in the project:

- Subdivision
- New or altered connections to public utilities
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Other matters known to the applicant that may require authorisations from the territorial authority [specify]:
- Alterations to land contours
- Disposal of storm water and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Building work over or adjacent to any road or public place

SECTION 5

BUILDING CODE COMPLIANCE

(Not required for PIM only applications)

Producer Statements: It is intended that the following Producer Statement(s) will be relied upon to certify or verify compliance of the plans, specifications or completed works with the Building Code. **Note:** Applications including a PS 1 or PS 2 must be supplied with a copy of any design calculations

- PS 1 (Design)
 PS 2 (Design Review)
 PS 3 (Construction)
 PS 4 (Construction Review)

The building work will comply with the building code as follows: (to be completed by the designer)

Clause	Means of compliance
Identify which clauses will be involved in the building work	Refer to relevant compliance document(s) or detail of alternative solution in the plans and specifications. Tick N/A if not applicable. If "☑ Other" please specify.

B1	Structure	☐ N/A	☐ B1/AS2/AS1	☐ NZS3604	☐ NZS4229	☐ NZS1170	☐ Other:
B2	Durability	☐ N/A	☐ B2/AS1	☐ NZS3101	☐ NZS3602	☐ NZS3604	☐ Other:
C1-4	Fire	☐ N/A	☐ C1/AS1				☐ Other:
D1	Access routes	☐ N/A	☐ D1/AS1	☐ NZS4121			☐ Other:
D2	Mechanical installations for access	☐ N/A	☐ D2/AS1	☐ NZS4332	☐ EN81	☐ EN115	☐ Other:
E1	Surface water	☐ N/A	☐ E1/AS1	☐ AS/NZS3500.3			☐ Other:
E2	External moisture	☐ N/A	☐ E2/AS1	☐ Specific design and testing			
E3	Internal moisture	☐ N/A	☐ E3/AS1				☐ Other:
F1	Hazardous agents on site	☐ N/A	☐ F1/AS1				☐ Other:
F2	Hazardous building materials	☐ N/A	☐ F2/AS1	☐ NZS4223			☐ Other:
F3	Hazardous substances etc	☐ N/A	☐ F3/AS1				☐ Other:
F4	Safety from falling	☐ N/A	☐ F4/AS1	☐ FSP Act			☐ Other:
F5	Construction & demolition hazards	☐ N/A	☐ F5/AS1				☐ Other:
F6	Lighting for emergency	☐ N/A	☐ F6/AS1				☐ Other:
F7	Warning systems	☐ N/A	☐ F7/AS1	☐ AS/NZS1668	☐ NZS4512	☐ NZS4515	☐ Other:
F8	Signs	☐ N/A	☐ F8/AS1				☐ Other:
G1	Personal hygiene	☐ N/A	☐ G1/AS1				☐ Other:
G2	Laundering	☐ N/A	☐ G2/AS1				☐ Other:
G3	Food preparation etc	☐ N/A	☐ G3/AS1				☐ Other:
G4	Ventilation	☐ N/A	☐ G4/AS1	☐ AS1668.2			☐ Other:
G5	Interior environment	☐ N/A	☐ G5/AS1				☐ Other:
G6	Airborne and impact sound	☐ N/A	☐ G6/AS1				☐ Other:
G7	Natural light	☐ N/A	☐ G7/AS1				☐ Other:
G8	Artificial light	☐ N/A	☐ G8/AS1	☐ NZS6703			☐ Other:
G9	Electricity	☐ N/A	☐ G9/AS1				☐ Other:
G10	Piped services	☐ N/A	☐ G10/AS1	☐ NZS5261			☐ Other:
G11	Gas as an energy source	☐ N/A	☐ G11/AS1				☐ Other:
G12	Water supplies	☐ N/A	☐ G12/AS1	☐ AS/NZS3500.1	☐ AS/NZ3500.4		☐ Other:
G13	Foul water	☐ N/A	☐ G13/AS1	☐ AS/NZS3500.2	☐ BS5572		☐ Other:
G14	Industrial liquid waste	☐ N/A	☐ G14/AS1				☐ Other:
G15	Solid waste	☐ N/A	☐ G15/AS1				☐ Other:
H1	Energy	☐ N/A	☐ H1/AS1	☐ NZS4214	☐ NZS4218	☐ NZS4243	☐ ALF Design Manual ☐ Other:
SH	Simple House	☐ N/A	☐ SH/AS1				

Waiver/modification/alternative solution to NZ Building Code required for following parts of code:

[State nature of waiver or modification of building code required]

COMPLIANCE SCHEDULE DETAILS

(Not required for PIM only applications)

[Specified systems are defined in regulations; if you are not sure whether your building has specified systems, talk to the BCA or your architect]

- The specified systems for the building are as follows: [complete table below]
- The following specified systems are being altered, added to, or removed in the course of the building work: [complete table below]
- No compliance schedule is required. There are no specified systems in the building

If there is a specified system(s), please select which of these 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	<input type="checkbox"/>	<input type="checkbox"/>	99 Cable Cars (including to residential dwelling)

SECTION 7

ATTACHMENTS

The following plans and specifications are attached to this application:

[All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority. Please refer to the schedule included with this form for complete details of plans, specifications and documents which may be required to support your application]

- | | |
|---|--|
| <input type="checkbox"/> Project Information Memorandum | <input type="checkbox"/> Evidence of ownership |
| <input type="checkbox"/> Certificate attached to Project Information Memorandum | <input type="checkbox"/> Plans and Specifications [as listed in the attached |
| <input type="checkbox"/> Development Contribution Notice | |

SECTION 8

GENERAL

Debtor: [the person responsible for the account]

Owner Agent Other: Address: Phone:

First point of contact: [for communications with Council]

Owner Agent Other: Address: Phone:

Signed by the owner:

Signature: _____

Name: _____

Date: _____

OR

Signed by the agent: [on behalf of, and with authority from, the owner]

Signature: _____

Name: _____

Date: _____

SECTION 9

Privacy Information:

The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to regularly forward these to Statistics NZ. The Council stores the information on a public register which must be supplied (as previously determined by the Ombudsman) to whosoever requests the information. Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

APPLICATION CHECKLIST for Building Consent and/or Project Information Memorandum

PLEASE NOTE: Council has right to refuse incomplete applications. Please allow 20 working days for processing, however if all required information is not supplied you may experience additional delays in obtaining your consent.

Office use

Handling Officer:	Property ID:
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The APPLICANT/AGENT **must** complete the following section/s

PROJECT SUMMARY:		
Address:		
Project Description:		
Intended use of building [describe use]:		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residential ▪ dwelling, office, games room, sleepout	<input type="checkbox"/> Domestic Casual use (non habitable – not used for sleeping & or living) ▪ lined shed, shed with toilet & shower, workshop/art studio

INSTRUCTIONS:		
COMPLETE THE LISTED SECTIONS FOR YOUR PROJECT		
<input type="checkbox"/>	Dwelling:	Complete the following sections: 1, 3 – 11, 13 & 14
<input type="checkbox"/>	Solid Fuel Heater:	Complete the following sections: 1, 5 & 14
<input type="checkbox"/>	Commercial / Industrial:	Complete the following sections: 1 – 14
<input type="checkbox"/>	Multi-unit Residential:	Complete the following sections: 1 – 14
<input type="checkbox"/>	Alterations / additions to Commercial / Industrial:	Complete the following sections: 1 – 14
<input type="checkbox"/>	Auxiliary Building (garage/farm shed)	Complete the following sections: 1, 3 – 11, 13 & 14
<input type="checkbox"/>	Dwelling Addition:	Complete the following sections: 1 – 11, 13 & 14
<input type="checkbox"/>	Demolition:	Complete the following sections: 1 – 3 & 14
<input type="checkbox"/>	Relocation:	Complete the following sections: 1, 3 - 14 (as applicable)
<input type="checkbox"/>	Amendment: to application (No. _____)	Complete the following sections: 1 -14 (as applicable)
<input type="checkbox"/>	Change of Use:	Complete the following sections: 1, 3, 5, 7 & 10 - 14
<input type="checkbox"/>	PIM only application:	Complete the following sections: 1, 3, 5-6

SECTION 1: GENERAL											
COMPLETE FOR ALL APPLICATIONS											
Building consent application form: Completed and signed by the owner or by an agent on behalf of and with written authority from the owner.							Yes	No	N/A		
Two copies of all plans. The plans must be:											
Drawn clearly to scale (ruled, not sketched)			Yes	No	N/A	Clear and concise copies (*not reduced in size)			Yes	No	N/A
On plain white, preferably A3* paper			Yes	No	N/A	Include the designers name			Yes	No	N/A
Drawn in ink (not pencil)			Yes	No	N/A	Engineering details must be draughted			Yes	No	N/A
Locality plan (1:500): Showing physical location of building in relation to street, north point, legal description and significant landmarks.							Yes	No	N/A		
Inspection & monitoring: Details of proposed inspection regime by design professionals, eg. architects, engineers, surveyors.							Yes	No	N/A		
Application fee: Applications will not be accepted without payment of the appropriate fee/deposit (see page 4 for details).							Yes	No	N/A		
Proof of ownership: Certificate of title, no older than 1 month, sale & purchase agreement or copy of relevant portions of lease.							Yes	No	N/A		
Inspection access: Provide any special requirements regarding access to the site.							Yes	No	N/A		

This checklist and the Application for Building Consent (Form 2) have been developed in partnership and can be used at any of the following councils, however your **application must** be lodged with the council that administers the area local to your building project.

[Hastings District Council: 207 Lyndon Road East, Private Bag 9002, Hastings. Ph \(06\) 878 0500, Fax \(06\) 878 0515](#)

[Gisborne District Council: Fitzherbert Street. PO Box 747, Gisborne. Ph \(06\) 867 2049, Fax \(06\) 867 8076](#)

[Wairoa District Council: Queen Street, PO Box 54, Wairoa, Hawkes Bay. Ph \(06\) 838 7309, Fax \(06\) 838 8874](#)

[Central Hawkes Bay District Council: 28-32 Ruataniwha Street, PO Box 127, Waipawa. Ph \(06\) 857 8060, Fax \(06\) 857 7179](#)

The following Councils have developed and adopted this form in partnership:



**HASTINGS
DISTRICT
COUNCIL**



**GISBORNE
DISTRICT COUNCIL**



**CENTRAL HAWKE'S BAY
DISTRICT COUNCIL**

SECTION 2: DEMOLITION / REMOVAL			
COMPLETE FOR ALL PROJECTS INVOLVING DEMOLITION OF SIGNIFICANT PARTS OF BUILDINGS OR DEMOLITION OR REMOVAL OF WHOLE BUILDINGS			
Proposed destination for relocated building	Yes	No	N/A
Access to & from site (including use of kerb & crossings)	Yes	No	N/A
Specify termination of existing Council services (water, sewer, stormwater)	Yes	No	N/A
Details about the building: No. of storeys, type of materials, photographs of all elevations	Yes	No	N/A
NOTE: You will need to contact the relevant service authorities listed to advise them of the extent of your work: Electricity, gas, drainage, water, transport, telecommunications or other services that may be affected.			
NOTE: Transportation of relocated building: You will be required to contact & provide details to Councils roading department. Payment of a street damage deposit may be required.			

SECTION 3: SITE PLAN (1:200) (or 1:500 for rural areas)							
COMPLETE FOR ALL NEW BUILDINGS, FOR EXISTING BUILDINGS WHERE THE FOOTPRINT OF THE BUILDING WILL CHANGE OR A NEW STOREY IS BEING ADDED							
Public drainage (easements)	Yes	No	N/A	Distances to boundaries	Yes	No	N/A
Existing and proposed buildings	Yes	No	N/A	North point	Yes	No	N/A
Retaining walls	Yes	No	N/A	Site & hardstand drainage	Yes	No	N/A
Site coverage / building footprint	Yes	No	N/A	Datum, spot heights, ground contours	Yes	No	N/A
Septic tank & effluent fields	Yes	No	N/A	Water courses	Yes	No	N/A
Parking & vehicle access, paved areas and driveways	Yes	No	N/A	Service connections	Yes	No	N/A
Site area and boundary dimensions	Yes	No	N/A	Street name & house number	Yes	No	N/A

SECTION 4: FOUNDATION PLAN (1:100)							
COMPLETE FOR ALL NEW BUILDINGS, FOR EXISTING BUILDINGS WHERE THE FOOTPRINT OF THE BUILDING WILL CHANGE OR A NEW STOREY IS BEING ADDED							
Timber Floor	<input type="checkbox"/>			Concrete Floor	<input type="checkbox"/>		
Pile layout & footing sizes (including bearers)	Yes	No	N/A	Footing location	Yes	No	N/A
Joists layout & lateral support (for each level)	Yes	No	N/A	Load bearing thickenings	Yes	No	N/A
Floor heights (spot heights)	Yes	No	N/A	Floor level changes	Yes	No	N/A
Foundation bracing layout and calculations	Yes	No	N/A	Shrinkage control	Yes	No	N/A
Subfloor access	Yes	No	N/A	Slab dimensions (show vapour barrier)	Yes	No	N/A
Concrete ring foundation details	Yes	No	N/A	Rebate (bricks / panels)	Yes	No	N/A
Dimensions of all new foundations	Yes	No	N/A	Plumbing fixtures / subfloor pipework	Yes	No	N/A

SECTION 5: FLOOR PLAN (1:100)							
COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES							
Plan of all levels (new or altered)	Yes	No	N/A	All rooms designated	Yes	No	N/A
All demolition or structure removal	Yes	No	N/A	Framing layout (fully dimensioned)	Yes	No	N/A
Door size & position	Yes	No	N/A	Window size & position	Yes	No	N/A
Sanitary fixtures (WC, bath, shower, basins)	Yes	No	N/A	Kitchen layout	Yes	No	N/A
Lintel & beam sizes	Yes	No	N/A	Solid fuel or gas heater & installation specification	Yes	No	N/A
Stairs & balusters	Yes	No	N/A	Decks & balconies	Yes	No	N/A
Skylight positions	Yes	No	N/A	Ceiling access	Yes	No	N/A
HWC	Yes	No	N/A	Smoke detectors (location)	Yes	No	N/A

SECTION 6: EXTERNAL (1:100/1:50)															
COMPLETE FOR NEW BUILDINGS OR ALTERATIONS TO THE EXTERNAL ENVELOPE															
Elevation of each face	Yes	No	N/A	Fixed & opening sashes	Yes	No	N/A								
Accurate lines from boundary to boundary	Yes	No	N/A	Sill heights	Yes	No	N/A								
District Plan daylight control planes	Yes	No	N/A	Cladding nominated on each face	Yes	No	N/A								
Control joints (if required for cladding)	Yes	No	N/A	Ground levels in relation to floor levels	Yes	No	N/A								
All doors & window openings	Yes	No	N/A	Sub floor ventilation	Yes	No	N/A								
E2 Risk Matrix (1 per face, multi storeys & multisided buildings require a Risk Matrix for each face)															
North 1	Yes	No	N/A	South 1	Yes	No	N/A	East 1	Yes	No	N/A	West 1	Yes	No	N/A
North 2	Yes	No	N/A	South 2	Yes	No	N/A	East 2	Yes	No	N/A	West 2	Yes	No	N/A
North 3	Yes	No	N/A	South 3	Yes	No	N/A	East 3	Yes	No	N/A	West 3	Yes	No	N/A
North 4	Yes	No	N/A	South 4	Yes	No	N/A	East 4	Yes	No	N/A	West 4	Yes	No	N/A

SECTION 7: CROSS SECTIONS & DETAILS (1:100)							
COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES							
Foundation detail (all reinforcing & depth of footing)	Yes	No	N/A	Flashing systems to all openings, windows, doors, etc.	Yes	No	N/A
Stud heights (include overall heights from ground to apex)	Yes	No	N/A	Flashing tapes & air seals	Yes	No	N/A
Longitudinal and cross sections supplied	Yes	No	N/A	Finished ground levels in relation to floor levels	Yes	No	N/A
Identify timber treatments & grading	Yes	No	N/A	Cladding clearances to ground level or paving	Yes	No	N/A
Insulation systems & materials to floor, walls & ceiling	Yes	No	N/A	Stairs, handrails, decks	Yes	No	N/A
Roof cladding, eaves, fascias, gutters	Yes	No	N/A	Barriers providing safety from falling	Yes	No	N/A
Internal gutters, roof wall junctions	Yes	No	N/A	Framing sizes, beams, lintels, trusses incl. fixing details	Yes	No	N/A
Top plate strengthening where required	Yes	No	N/A	Fire rating systems to walls closer than 1m to boundary	Yes	No	N/A
Ceiling construction (battens, top plate)	Yes	No	N/A	Purlins, size, spacing, fixings	Yes	No	N/A
Exterior cladding details (including veneers)	Yes	No	N/A	Detail all junctions into cladding systems	Yes	No	N/A

SECTION 8: BRACING PLAN (1:100/1:50)							
COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES							
Location, type & number of bracing element	Yes	No	N/A	Bracing schedule & calculations (included in specification)	Yes	No	N/A
Indicate compliance with NZS3604 (latest version)	Yes	No	N/A	If specifically design include engineers calculations	Yes	No	N/A

SECTION 9: ROOF FRAMING							
Truss layout	Yes	No	N/A	Rafter / Framing layout	Yes	No	N/A
Design certificate & fixing details	Yes	No	N/A	Rafter sizes, spans, fixings	Yes	No	N/A

SECTION 10: SERVICES – PLUMBING & DRAINAGE							
COMPLETE FOR ALL PROJECTS WITH NEW INSTALLATION OR ALTERATION OF PLUMBING OR DRAINAGE SYSTEMS.							
Plumbing design standard (A/NZS 3500 / G12)	Yes	No	N/A	Drainage layout & design standard (A/NZS3500 / G13)	Yes	No	N/A
Plumbing reticulation system of hot & cold supply	Yes	No	N/A	All inspection bends & junctions	Yes	No	N/A
Hot water cylinder valve system diagrammatic	Yes	No	N/A	Sewer & Stormwater pipe sizes & falls	Yes	No	N/A
Hot water cylinder access	Yes	No	N/A	Calcs. for sizing & position of downpipes & internal gutters	Yes	No	N/A
Wastepipe sizes & falls	Yes	No	N/A	Council connection points	Yes	No	N/A
Isometric diagram for multi-level buildings	Yes	No	N/A	Septic tank & effluent disposal system incl. calculations	Yes	No	N/A
Water supply analysis (bore / spring)	Yes	No	N/A	HBRC resource consent for effluent disposal	Yes	No	N/A

SECTION 11: SPECIFICATIONS							
COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES							
Are required to be project specific	Yes	No	N/A	Details of all materials & fittings required for the project	Yes	No	N/A
To be divided into relevant trade sections	Yes	No	N/A	Identify compliance with the NZ Building Code	Yes	No	N/A
Sea spray requirements	Yes	No	N/A	Safety glazing requirements	Yes	No	N/A
Specific design calculations & details	Yes	No	N/A	List all Alternative Solutions	Yes	No	N/A
Structural calculations & producer statements	Yes	No	N/A	Alternative solutions calculations / producer statements	Yes	No	N/A
Fire safety systems	Yes	No	N/A				

SECTION 12: ADDITIONAL SPECIFICATIONS & REQUIREMENTS							
COMPLETE FOR ALL COMMERCIAL / INDUSTRIAL AND MULTI-UNIT RESIDENTIAL PROJECTS							
Fire safety report & associated plans	Yes	No	N/A	Access and facilities for people with disabilities			
Air conditioning system design	Yes	No	N/A	Accessible : Car park	Yes	No	N/A
Sprinkler system design	Yes	No	N/A	Toilet / shower compartment	Yes	No	N/A
Lift design	Yes	No	N/A	Lift / stairs, ramps & hand rails	Yes	No	N/A
T-27.s1 schedule of specified systems + required attachments	Yes	No	N/A	Accommodation room space / counter	Yes	No	N/A
				Outdoor public areas	Yes	No	N/A

SECTION 13: ADDITIONAL INFORMATION							
Discussed application with councils planning staff	Yes	No	N/A	Work in road reserve/street crossing application filed	Yes	No	N/A
Resource consent has been applied for (No. _____)	Yes	No	N/A	New RAPID/street number required	Yes	No	N/A
Trade waste consent required	Yes	No	N/A	Service connection required: Water	Yes	No	N/A
Penetrometer/Ground test reports supplied	Yes	No	N/A	Stormwater	Yes	No	N/A
Geotech report supplied	Yes	No	N/A	Sewer	Yes	No	N/A

SECTION 14: DETAILS FOR ALL PERSONNEL WHO WILL CARRY OUT THE WORK
 COMPLETE FOR ALL PROJECTS OTHER THAN "PROJECT INFORMATION MEMORANDUM ONLY" APPLICATIONS

Designer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	Builder: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____
Cladding Installer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	Roofer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____
Electrician: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	Gasfitter: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____
Plumber: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	Drainlayer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____
Fireplace Installer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	Other: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____

GISBORNE DISTRICT COUNCIL FEES / DEPOSITS

The section below contains fees and details specific to the [GISBORNE DISTRICT COUNCIL](#). If your building project lies within one of the other cluster group regions listed on the front of this application, please contact that council for details specific to that area.

ALL APPLICATIONS: A deposit / fee of \$ _____ (must be receipted prior to lodgement). *Please note this is a new requirement as at 1 July 2010*

On completion, where the deposit does not cover costs an invoice will be sent to the owner/agent. Estimated inspection charges, levies and processing costs, including costs incurred through engagement of external expertise will be invoiced. The invoice must be paid and the consent uplifted **within 30 days** of approval or your consent may be cancelled. Processing costs will be recovered for all cancelled applications. Additional costs for amendments and extra inspections will be invoiced separately, prior to the issue of your code compliance certificate.

FOOTPATH/ STREET DAMAGE DEPOSIT: If this application is for a new building, a relocation, or substantial renovation you may be required to pay a footpath/street damage deposit of \$1,000. Relocations will also attract an additional \$600.00 as a road sign damage deposit. Commercial buildings in the CBD will be charged \$300 per linear meter street frontage. Where relevant, the deposit will be invoiced with your building consent. A \$50.00 administration fee will always be deducted from your refund along with any repair costs.

PROGRAMMING SHEET: FOR OFFICE USE ONLY

ORDER / OFFICER	OFFICERS NAME	DATE RECEIVED	DATE COMPLETE	INITIALS	✓ = Approved ✗ = Cancelled
Received by					
Programmed by					
Planning					
D/Contribution Officer					
Water Conservation					
Flood Height Officer					
Soil Conservation					
Fire Safety Officer					
Environmental Health					
Urban Services					
Draughting					
C/Schedule Officer					
Building Control Officer				<input type="checkbox"/>	
Issuing Officer					

GUIDANCE NOTES FOR BUILDINGS THAT CONTAIN SPECIFIED SYSTEMS

The following information is intended to provide guidance as to what information needs to be supplied on the Schedule of Specified Systems sheet which needs to accompany applications that involve the addition or alteration of any specified system.

Full explanations can be obtained from the Department of Building and Housing (DBH) web site www.dbh.govt.nz. A Compliance Schedule Handbook produced by the DBH can be downloaded from www.dbh.govt.nz/userfiles/file/publications/building/building-act/compliance-schedule-handbook.pdf

1. What is a Specified System?

Specified systems or features for buildings specified in Schedule 1 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005 and include the following:

- SS 1 Automatic systems for fire suppression
- SS 2 Automatic or manual emergency warning systems for fire or other dangers
- SS 3 Electromagnetic or automatic doors or windows
 - SS3/1 Automatic doors
 - SS3/2 Access controlled doors
 - SS3/3 Interfaced fire or smoke doors or windows
- SS 4 Emergency lighting systems
- SS 5 Escape route pressurisation systems
- SS 6 Riser mains for use by fire services
- SS 7 Automatic back-flow preventers connected to a potable water supply
- SS 8 Lifts, escalators, travelators, or other systems for moving people or goods within buildings
 - SS8/1 Passenger carrying lifts
 - SS8/2 Service lifts
 - SS8/3 Escalators & moving walkways
- SS 9 Mechanical ventilation or air conditioning systems
- SS 10 Building maintenance units providing access to exterior and interior walls of buildings
- SS 11 Laboratory fume cupboards
- SS 12 Audio loops or other assistive listening systems
 - SS12/1 Audio Loops
 - SS12/2 FM radio frequency systems & infrared beam transmission systems
- SS 13 Smoke control systems
 - SS13/1 Mechanical smoke control
 - SS13/2 Natural smoke control
 - SS13/3 Smoke curtains
- SS 14 Emergency power systems for, or signs relating to, a system or feature specified in any of SS1 to SS13
 - SS14/1 Emergency power systems relating to a system or feature specified in any of clauses 1-13
 - SS14/2 Signs relating to a system or feature specified in any of clauses 1-13
- SS 15 Other fire safety systems or features (systems for communicating information intended to facilitate evacuation, final exits, fire separations, signs, smoke separations)
 - SS15/1 Systems to communicate spoken information intended to facilitate evacuation
 - SS15/2 Final exits
 - SS15/3 Fire separations
 - SS15/4 Signs for communicating information to facilitate evacuation
 - SS15/5 Smoke separations
- SS 99 Cable cars (including to residential dwelling)

2. What is the Location?

Identifies what parts of the building the feature or system covers or is located in as the case may be.

3. What are the performance standards?

Identifies what standard the system or feature is to meet in order to meet the requirements of the New Zealand Building Code. These may be a specific approved standard, an acceptable solution or specifically designed for the feature or system in question.

4. What are the maintenance requirements?

This identifies what preventative and responsive maintenance is required to be taken and what standard, acceptable solution or specific requirements this maintenance must comply with.

5. Who are the persons responsible for inspections?

These are the persons who are qualified and approved to undertake the inspections required.

6. What are the reporting requirements?

This specifies what records are to be kept on the premises in relation to the specified systems and features contained in the building.

On the following page is an example of what the specified system details should look like when filled in.

FORM T-27.S1

SPECIFIED SYSTEM DETAILS

To be completed by applicant with full details when any building incorporates a specified system as detailed in Schedule 1 of the Building (Specified Systems: Change the Use, and Earthquake-prone Buildings) Regulations, 2005.
PLEASE COMPLETE FOR EACH INDIVIDUAL SYSTEM INCORPORATED INTO THE BUILDING.

Building name or street address: 123 Main Street, Gisborne

Item 1 of 6

Type: Type 6 Fire Alarm	Enter Amend New Remove <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Location(s) within building/site: Workshop, block 2 west wing	
Performance Standard(s): In accordance with NZS 4541:2003 In accordance with NZS 4515:2003	
Inspection Requirements:	Automatic systems for fire suppression require regular inspection and testing to ensure the systems will operate as required by the performance standards in the event of a fire
Maintenance Requirements	Planned preventative maintenance should be carried out in accordance with NZS 4541:2003 or NZS 4515:2003 and to ensure the system will operate as required in the event of a fire
Persons Responsible for Inspections:	All inspections shall be undertaken by independent qualified persons/licensed building practitioners
Reporting:	Records shall be maintained and kept on the premises indicating: i) Date of inspection ii) Type of inspection iii) Any repairs or maintenance found to be required iv) Action taken to repair or maintain the system v) The system inspected complies with the requirements of the compliance schedule vi) Name of person undertaking inspection Records are to be maintained for a period of 2 years

PLEASE COPY ADDITIONAL SHEETS (if necessary)
OR PROVIDE THE INFORMATION FOR EACH ADDITIONAL SYSTEM AS AN ATTACHMENT
(An electronic copy of this form is available - please email your request for an electronic form T-27.s1 to mesjan@gdc.govt.nz)

FORM T-27.S1

SPECIFIED SYSTEM DETAILS

To be completed by applicant with full details when any building incorporates a specified system as detailed in Schedule 1 of the Building (Specified Systems: Change the Use, and Earthquake-prone Buildings) Regulations, 2005.
PLEASE COMPLETE FOR EACH INDIVIDUAL SYSTEM INCORPORATED INTO THE BUILDING.

Building name or street address: 123 Main Street, Gisborne

Item 2 of 6

Type: Means of escape from fire	Enter Amend New Remove <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Location(s) within building/site: Through entire building	
Performance Standard(s): In accordance with C2 of the New Zealand Building Code	
Inspection Requirements:	The means of escape require regular inspection to ensure that the passive and active features of the means of escape continue to perform as designed for safe evacuation
Maintenance Requirements	Planned preventative maintenance of means of escape shall be maintained at all times in a safe condition with particular attention to freedom from obstruction and other storage of combustibles, adequacy of handrails, proper operation of fire and smoke control doors and ease of opening any doors leading into the escape route at the final exit
Persons Responsible for Inspections:	Continuous inspections by owner Maintenance shall be undertaken by owner Annual inspections shall be undertaken by an Independent Qualified Person or Licensed Building Practitioner
Reporting:	Records shall be maintained and kept on the premises indicating: i) Date of inspection ii) Type of inspection iii) Any repairs or maintenance found to be required iv) Action taken to repair or maintain the system v) The system inspected complies with the requirements of the compliance schedule vi) Name of person undertaking inspection Records are to be maintained for a period of 2 years

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Form T-27.s1 - Schedule of Specified System

Details for Compliance Schedule



SECTION A: TO BE COMPLETED BY APPLICANT (with ALL non single residential buildings or commercial building projects)

<input type="checkbox"/> Existing C/Schedule - Compliance Schedule number: _____		OR	<input type="checkbox"/> New C/Schedule	
Building name [known as]: _____			Consent No [if applicable]: _____	
Street address of property: _____				
Building owner(s): _____				
Current use related to crowd activities: [circle applicable] CS CL CO CM SC SD SA SR SH WL WM WH WF IA ID				
Current, Lawfully Established Use: _____				
Occupant Load: _____		Fire Hazard Category: _____		First year constructed: _____
Physical location where compliance schedule will be kept: _____				
Attachments <input type="checkbox"/> Attached are: _____ [total number] of <i>Specified System Details</i> forms. Please attach a separate form for each system contained in the building. <input type="checkbox"/> Two copies of the building's fire design is required and attached to this document [if applicable]. <input type="checkbox"/> Two copies of a specified system floor plan clearly showing location and type of all specified systems in the building.				
Signed: by or on behalf of owner(s) _____			Date: ____ / ____ / ____	
Name: _____ Profession: _____ Contact Ph: _____				

SECTION B: FOR COUNCIL USE ONLY (to be completed by Processing Inspector)

Documents/information required prior to CCC

Preparation for issue of CCC and Compliance Schedule:

- Checked amended plans have not altered systems specified on this document, if applicable – updated SS details obtained, changes marked.
- Producer Statements and all required info listed above are attached to this form.

OFFICER ORDER	OFFICERS NAME	DATE PROCESSED	APPROVAL
Programmed by			
Processing Inspector			<input type="checkbox"/> OK to produce draft CS
C/Schedule Drafted by (see note 1)			EDRMS No. _____
Building Inspector (Final)			<input type="checkbox"/> OK to prepare C/Schedule
C/Schedule Issuing Clerk (see note 2)			C/Sched to be issued with CCC

NOTE 1: On approval of Consent, draft Compliance Schedule to owner, copy to field record envelope

NOTE 2: On approval of CCC, Compliance Schedule and CS statement to owner, copy to BWOF file

SPECIFIED SYSTEM DETAILS

FORM T-27.S1

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PLEASE COMPLETE FOR EACH INDIVIDUAL SYSTEM INCORPORATED INTO THE BUILDING.

Building [name or street address:	Item of
-----------------------------------	--------------

Type:	Exists <input type="checkbox"/> Altered <input type="checkbox"/> New <input type="checkbox"/> Remove <input type="checkbox"/>
-------	---

Location(s) within building/site:

Performance Standard(s):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>			

Inspection Requirements:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				

Maintenance Requirements	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				

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-----------------------------------	--------------

Type:	Exists <input type="checkbox"/> Altered <input type="checkbox"/> New <input type="checkbox"/> Remove <input type="checkbox"/>
-------	---

Location(s) within building/site:

Performance Standard(s):	_____ _____ _____
--------------------------	-------------------------

Inspection Requirements:	_____ _____ _____ _____
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Maintenance Requirements	_____ _____ _____ _____
--------------------------	----------------------------------

Persons Responsible for Inspections:	_____ _____ _____ _____
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Reporting:	_____ _____ _____ _____ _____ _____ _____
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Building [name or street address:	Item of
-----------------------------------	--------------

Type:	Exists Altered New Remove <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
-------	--

Location(s) within building/site:

Performance Standard(s):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				

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