

Application for /amendment to
Compliance Schedule



Form 11 - Section 106, Building Act 2004

Schedule No.:	Building File No.:
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Section 1

Building Location	
Rapid#/Street No.: _____ Road/Street: _____	
Legal Description: Lot No _____ D.P. No _____ Val No _____ Sec No _____ Blk No _____ <small>of land where building is located [state legal description as at the date of application]</small>	
Blk name & No _____ ML No _____	
If the land is proposed to be subdivided _____ <small>Include details of relevant lot no and subdivision consent</small>	
Building Name: _____ <small>(if applicable)</small>	
Location Of Building: _____ <small>(if applicable) within site/block number [include nearest street access]</small>	
Current, Lawfully Established, Use: _____ Level/Unit Number: _____ <small>[include number of occupants per level and per use if more than 1]</small>	

Section 2

Details of owner	Agent <small>(if application is being made on behalf of owner) Agent contact must be NZ address</small>
Title: Mr / Mrs / Miss / Ms (other _____)	Title: Mr / Mrs / Miss / Ms (other _____)
Surname: _____	Surname: _____
First Name(s): _____	First Name(s): _____
Contact Person (if not as above) _____	Contact Person (if not as above) _____
Mailing Address: _____	Mailing Address: _____
Street Address/Registered Office: _____	Street Address/Registered Office: _____
Phone No: (Ah) _____ (Bh) _____	Phone No: (Ah) _____ (Bh) _____
Mobile No: _____ Fax : _____	Mobile No: _____ Fax : _____
Email Address: _____	Email Address _____
Website (if applicable): _____	Website (if applicable): _____
<input type="checkbox"/> THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED TO THIS APPLICATION: <small>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</small>	Relationship To Owner: _____ <small>(state details of authorisation from the owner to make the application on the owner's behalf)</small>
FIRST POINT OF CONTACT	
For communications with the Council: <input type="checkbox"/>	<input type="checkbox"/>
Mail documents to: <input type="checkbox"/>	<input type="checkbox"/>

Section 3

Application
<p>I request that the compliance schedule for the above building be amended:</p> <p>*PLEASE ATTACH A COPY OF EXISTING COMPLIANCE SCHEDULE & COMPLETED SCHEDULE OF SPECIFIED SYSTEMS FORM T-27.S1</p> <p>X _____ Date: _____</p> <p>SIGNATURE OF OWNER / AGENT ON BEHALF OF AND WITH THE AUTHORITY OF THE OWNER</p>

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 Form T-27.s1 schedule of specified systems

Notes:

PROGRAMMING SHEET : FOR OFFICE USE ONLY

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