

# Building Consent

Form 2, Section 33 or 45 Building Act 2004



BC Application No.:	Building File No.:
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Section 1

<b>The Building</b> [Project Location]	[CT no. _____]
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**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]

\_\_\_\_\_

\_\_\_\_\_

**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]

\_\_\_\_\_

**Location of building within site:** [include nearest street access]

\_\_\_\_\_

**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]

\_\_\_\_\_

**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Street address/Registered office:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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]

Copy of historical certificate of title, no more than one month old  Agreement for sale and purchase  Lease  Other \_\_\_\_\_ **AND\***

**OR\* →**  \*Council to obtain historical certificate of title (cost as per Council fee schedule)

**For office use:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Category**

Low risk / Fast track

**Agent** [only required if application is being made on behalf of the owner]Owners authorisation to act as agent: [complete section below, 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:

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Street address/Registered office:

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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]

**The Project**

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

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Intended use of building [describe use]:

 Commercial use Residential

▪ dwelling, office, games room, sleepout

 Domestic casual use (non habitable, not used for sleeping & or living)

▪ lined shed, shed with toilet &amp; shower, workshop/art studio

List building consents previously issued for this project (if any): [list who issued the consent, the date of issue and the consent number]

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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 \_\_\_\_/\_\_\_\_/\_\_\_\_ [if applicable] was issued on \_\_\_\_/\_\_\_\_/\_\_\_\_

## Project Information

The following matters are involved in the project:

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

## Building Code Compliance [This section must be completed in full by suitably skilled person]

**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: [must be completed in full by the designer]

### Clause

Identify which clauses will be involved in the building work

### Means of compliance

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	<input type="checkbox"/> N/A	<input type="checkbox"/> B1/AS2/AS1	<input type="checkbox"/> NZS3604	<input type="checkbox"/> NZS4229	<input type="checkbox"/> NZS1170	<input type="checkbox"/> Other:
B2	Durability	<input type="checkbox"/> N/A	<input type="checkbox"/> B2/AS1	<input type="checkbox"/> NZS3101	<input type="checkbox"/> NZS3602	<input type="checkbox"/> NZS3604	<input type="checkbox"/> Other:
C1-6	Fire	<input type="checkbox"/> N/A	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS6	<input type="checkbox"/> C/AS2 <input type="checkbox"/> C/AS7	<input type="checkbox"/> C/AS3 <input type="checkbox"/> C/VM1	<input type="checkbox"/> C/AS4 <input type="checkbox"/> C/VM2	<input type="checkbox"/> C/AS5 <input type="checkbox"/> Other:
D1	Access routes	<input type="checkbox"/> N/A	<input type="checkbox"/> D1/AS1	<input type="checkbox"/> NZS4121			<input type="checkbox"/> Other:
D2	Mechanical installations for access	<input type="checkbox"/> N/A	<input type="checkbox"/> D2/AS1	<input type="checkbox"/> NZS4332	<input type="checkbox"/> EN81	<input type="checkbox"/> EN115	<input type="checkbox"/> Other:
E1	Surface water	<input type="checkbox"/> N/A	<input type="checkbox"/> E1/AS1	<input type="checkbox"/> AS/NZS3500.3			<input type="checkbox"/> Other:
E2	External moisture	<input type="checkbox"/> N/A	<input type="checkbox"/> E2/AS1	<input type="checkbox"/> Specific design and testing			
E3	Internal moisture	<input type="checkbox"/> N/A	<input type="checkbox"/> E3/AS1				<input type="checkbox"/> Other:
F1	Hazardous agents on site	<input type="checkbox"/> N/A	<input type="checkbox"/> F1/AS1				<input type="checkbox"/> Other:
F2	Hazardous building materials	<input type="checkbox"/> N/A	<input type="checkbox"/> F2/AS1	<input type="checkbox"/> NZS4223			<input type="checkbox"/> Other:
F3	Hazardous substances etc	<input type="checkbox"/> N/A	<input type="checkbox"/> F3/AS1				<input type="checkbox"/> Other:
F4	Safety from falling	<input type="checkbox"/> N/A	<input type="checkbox"/> F4/AS1	<input type="checkbox"/> FSP Act			<input type="checkbox"/> Other:
F5	Construction & demolition hazards	<input type="checkbox"/> N/A	<input type="checkbox"/> F5/AS1				<input type="checkbox"/> Other:
F6	Lighting for emergency	<input type="checkbox"/> N/A	<input type="checkbox"/> F6/AS1				<input type="checkbox"/> Other:
F7	Warning systems	<input type="checkbox"/> N/A	<input type="checkbox"/> F7/AS1	<input type="checkbox"/> AS/NZS1668	<input type="checkbox"/> NZS4512	<input type="checkbox"/> NZS4515	<input type="checkbox"/> Other:
F8	Signs	<input type="checkbox"/> N/A	<input type="checkbox"/> F8/AS1				<input type="checkbox"/> Other:
G1	Personal hygiene	<input type="checkbox"/> N/A	<input type="checkbox"/> G1/AS1				<input type="checkbox"/> Other:
G2	Laundering	<input type="checkbox"/> N/A	<input type="checkbox"/> G2/AS1				<input type="checkbox"/> Other:
G3	Food preparation etc	<input type="checkbox"/> N/A	<input type="checkbox"/> G3/AS1				<input type="checkbox"/> Other:
G4	Ventilation	<input type="checkbox"/> N/A	<input type="checkbox"/> G4/AS1	<input type="checkbox"/> AS1668.2			<input type="checkbox"/> Other:
G5	Interior environment	<input type="checkbox"/> N/A	<input type="checkbox"/> G5/AS1				<input type="checkbox"/> Other:
G6	Airborne and impact sound	<input type="checkbox"/> N/A	<input type="checkbox"/> G6/AS1				<input type="checkbox"/> Other:
G7	Natural light	<input type="checkbox"/> N/A	<input type="checkbox"/> G7/AS1				<input type="checkbox"/> Other:
G8	Artificial light	<input type="checkbox"/> N/A	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> NZS6703			<input type="checkbox"/> Other:
G9	Electricity	<input type="checkbox"/> N/A	<input type="checkbox"/> G9/AS1				<input type="checkbox"/> Other:
G10	Piped services	<input type="checkbox"/> N/A	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> NZS5261			<input type="checkbox"/> Other:
G11	Gas as an energy source	<input type="checkbox"/> N/A	<input type="checkbox"/> G11/AS1				<input type="checkbox"/> Other:
G12	Water supplies	<input type="checkbox"/> N/A	<input type="checkbox"/> G12/AS1	<input type="checkbox"/> AS/NZS3500.1	<input type="checkbox"/> AS/NZ3500.4		<input type="checkbox"/> Other:
G13	Foul water	<input type="checkbox"/> N/A	<input type="checkbox"/> G13/AS1	<input type="checkbox"/> AS/NZS3500.2	<input type="checkbox"/> BS5572		<input type="checkbox"/> Other:
G14	Industrial liquid waste	<input type="checkbox"/> N/A	<input type="checkbox"/> G14/AS1				<input type="checkbox"/> Other:
G15	Solid waste	<input type="checkbox"/> N/A	<input type="checkbox"/> G15/AS1				<input type="checkbox"/> Other:
H1	Energy	<input type="checkbox"/> N/A	<input type="checkbox"/> H1/AS1	<input type="checkbox"/> NZS421	<input type="checkbox"/> NZS4218	<input type="checkbox"/> NZS4243	<input type="checkbox"/> ALF Design <input type="checkbox"/> Other:
SH	Simple House	<input type="checkbox"/> N/A	<input type="checkbox"/> 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]

### Restricted Building Work

Will the building work include any restricted building work?  Yes  No \*[enter personnel below]

If Yes, provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work:  
[if these details are unknown at the time of the application, they must be supplied before the work begins]

Name	Licensing class	Licensed building practitioner number [or registration number if treated as being licensed under section 291 of the Building Act 2004]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note:** continue on another page if necessary

### Details for other personnel who will carry out the work [In addition to any listed above]

**Designer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Builder:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Cladding Installer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Roofer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Electrician:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Gasfitter:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Plumber:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Drainlayer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Fireplace Installer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Other [specify]::**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Other [specify]:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

**Other [specify]::**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Registration: \_\_\_\_\_

### Compliance Schedule Details (Not required for PIM only applications)

Does the building have any specified systems [Specified Systems are defined in regulations; if you are not sure whether your building has specified systems, talk to the Council or your architect]?

- No, there are no specified systems in the building [go to section 9]
- Yes, please complete the following section(s) and attach a completed T-27.s1 form (available on request or download from our web site)
  - The specified systems for the building are as follows: [complete column for existing in table below] and if;
  - Specified systems are being altered, added to, or removed in the course of the building work: [complete column for new/altered in table below]
  - The building includes a cable car (includes residential dwelling)

...continued: **Compliance Schedule Details** [complete this section only if you answered yes for the previous question]

**If there are specified systems, please select which of these are contained in the building:**

Section 8 (...continued)

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

**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 are required to support your application

Section 9

<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 checklist]
<input type="checkbox"/>	Development Contribution Notice	<input type="checkbox"/>	Certificate of Design Work
<input type="checkbox"/>	Completed Application Checklist (attached overleaf) [Please complete the relevant sections listed below for your project type]		
<input type="radio"/>	Dwelling:		Complete the following sections: 1, 3 – 11, 13
<input type="radio"/>	Solid Fuel Heater:		Complete the following sections: 1, 5 & 13
<input type="radio"/>	Commercial / Industrial / Multi-unit Residential:		Complete the following sections: 1 – 13
<input type="radio"/>	Alterations / additions to Commercial / Industrial:		Complete the following sections: 1 – 13
<input type="radio"/>	Auxiliary Building (garage/farm shed)		Complete the following sections: 1, 3 – 11, 13
<input type="radio"/>	Dwelling Addition:		Complete the following sections: 1 – 11, 13
<input type="radio"/>	Demolition / Relocation		Complete the following sections: 1, 3 - 13 (as applicable)
<input type="radio"/>	Change of Use:		Complete the following sections: 1, 3, 5, 7 & 10 - 13
<input type="radio"/>	PIM only application:		Complete the following sections: 1, 3, 5-6

**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 10

**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 [complete relevant sections as listed on previous page - section 9, attachments]

<input checked="" type="checkbox"/> <b>SECTION 1: GENERAL</b> COMPLETE FOR ALL APPLICATIONS									
<b>Building consent application form:</b> Completed and <u>signed</u> by the owner or an agent on behalf of and with written authority from the owner.							Yes	No	N/A
<b>One copy of all plans.</b> The plans <u>must</u> 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		
<b>Locality plan (1:500):</b> Showing physical location of building in relation to street, north point, legal description and significant landmarks.							Yes	No	N/A
<b>Inspection &amp; monitoring:</b> Details of proposed inspection regime by design professionals, eg. architects, engineers, surveyors.							Yes	No	N/A
<b>Application deposit:</b> Applications <u>will not be accepted without payment</u> of the appropriate fee/deposit (see page 8 for details).							Yes	No	
<b>Proof of ownership:</b> Historical certificate of title, no older than 1 month, sale & purchase agreement or copy of relevant portions of lease. If correct certificate of title is not supplied, council will obtain a copy and invoice the cost with your building consent.							Yes	No	N/A
<b>Inspection access:</b> Provide any special requirements regarding access to the site.							Yes	No	N/A
<input type="checkbox"/> <b>SECTION 2: DEMOLITION / REMOVAL</b> 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: number of storeys, type of materials, photographs of all elevations							Yes	No	N/A
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.									
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.									
<input type="checkbox"/> <b>SECTION 3: SITE PLAN (1:200) (or 1:500 for rural areas)</b> COMPLETE FOR 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		
<input type="checkbox"/> <b>SECTION 4: FOUNDATION PLAN (1:100)</b> COMPLETE FOR NEW BUILDINGS, FOR EXISTING BUILDINGS WHERE THE FOOTPRINT OF THE BUILDING WILL CHANGE OR A NEW STOREY IS BEING ADDED									
<b>Timber Floor</b>			<input type="checkbox"/>	<b>Concrete Floor</b>			<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		
<input type="checkbox"/> <b>SECTION 5: FLOOR PLAN (1:100)</b> 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		

<input type="checkbox"/> <b>SECTION 6: EXTERNAL (1:100/1:50)</b> 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 (a separate matrix is required for each face of the building)					Yes	No	N/A	

<input type="checkbox"/> <b>SECTION 7: CROSS SECTIONS &amp; DETAILS (1:100)</b> 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	

<input type="checkbox"/> <b>SECTION 8: BRACING PLAN (1:100/1:50)</b> 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	

<input type="checkbox"/> <b>SECTION 9: ROOF FRAMING</b> COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES								
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	

<input type="checkbox"/> <b>SECTION 10: SERVICES – PLUMBING &amp; DRAINAGE</b> 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	

<input type="checkbox"/> <b>SECTION 11: SPECIFICATIONS</b> 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					

<input type="checkbox"/> <b>SECTION 12: ADDITIONAL SPECIFICATIONS &amp; REQUIREMENTS</b> COMPLETE FOR ALL COMMERCIAL / INDUSTRIAL AND MULTI-UNIT RESIDENTIAL PROJECTS								
Fire safety report & associated plans	Yes	No	N/A	<b>Access and facilities for people with disabilities</b>				
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	
[Continued PTO...]				Outdoor public areas	Yes	No	N/A	

SECTION 13: ADDITIONAL INFORMATION								
COMPLETE FOR ALL APPLICATIONS								
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	

### LODGING YOUR APPLICATION – You will need to:

1. Complete the application form, sign it and attach all required information.
2. Deliver the application to Gisborne District Council customer services desk, or mail it to PO Box 747, Gisborne.
3. Incomplete applications will not be accepted (we will return the application and advise what information is required).
4. Attach receipt for lodgement fee/deposit (please see below #note 1).
5. Once your application has been accepted, please allow 20 working days for processing. However, if the information supplied is incomplete you will experience additional delays in obtaining your consent.
6. Council will contact you when your consent has been processed. An invoice for the balance of payment due will be mailed to you (see #note 2).
7. Work must not start until the invoice has been paid and the building consent documents have been issued to you.
8. In some cases, Resource Consent requirements may further restrict the start of the project.

For more information collect one of our Building Consent pamphlets available at our Gladstone Road office or download a copy from our web site [www.gdc.govt.nz/building](http://www.gdc.govt.nz/building), or contact our duty officer on 06 869 2386.

### #note 1: Lodgement fee/deposit – Your application will not be accepted if the following lodgement deposit is not paid

**All applications:** A deposit / fee of \$ \_\_\_\_\_ applies

(deposits listed below are current to 30 June 2017 only).

- Alterations or garage \$400
- New Dwelling \$600
- Commercial up to and incl. \$1million \$1,200
- Commercial or other above \$1 million \$2,500

I have enclosed a deposit/attached Council's receipt

- or, alternatively:

I have paid a deposit by electronic banking of \$ \_\_\_\_\_ on \_\_\_\_\_ (date)

COUNCIL'S BANK ACCOUNT DETAILS:

Account No. 03 0638 0502288 00 Particulars: BC Deposit Code: \_\_\_\_\_ Particulars: \_\_\_\_\_  
(surname) (project address)

### #note 2: Building Consent Invoice:

On completion of processing, an invoice for the balance of payment 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 declined. Processing costs will be recovered for all declined applications. Additional costs for amendments and extra inspections will be invoiced separately, prior to the issue of your code compliance certificate.

If this application is for a new building, a relocation or substantial renovation, you may be charged a footpath and or street damage deposit of \$1,000. An additional \$600.00 will also apply to relocations 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 \$56.00 administration fee will be deducted from your refund along with any applicable repair costs.

Your consent may require payment of a Development Contribution (this generally applies to new habitable or commercial buildings). For more information contact Council's Development Contribution Officer. If a Development Contribution is required, a notice and invoice for the amount payable will be included with your building consent document.