

Building Consent

Form 2, Section 33 or 45 Building Act 2004



BC Application No.:	Building File No.:
---------------------	--------------------

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] _____ _____	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.: 1920'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] <input type="checkbox"/> Copy of historical 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 historical certificate of title (cost as per Council fee schedule)	

For office use: _____ _____ _____	Category <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <input type="checkbox"/> Low risk / Fast
---	--

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:

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]

The Project

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

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 & 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]

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 ___/___/___

Section 3

Section 4

Project Information

The following matters are involved in the project
[you must answer yes or no to these questions]:

- | | No | Yes | |
|---|--------------------------|--------------------------|---|
| • Land disturbance/alterations to land contours [include accessways, building platforms, buried tanks, pools etc] | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please provide total volume _____ |
| • Side cutting of more than 1 metre [this includes any accessways] | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Subdivision | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Disposal of storm water and wastewater | <input type="checkbox"/> | <input type="checkbox"/> | |
| • New or altered access for vehicles | <input type="checkbox"/> | <input type="checkbox"/> | |
| • New or altered connections to public utilities | <input type="checkbox"/> | <input type="checkbox"/> | |
| • New or altered locations and/or external dimensions of buildings | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Building work over or adjacent to any road or public place | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Building work over any existing drains, sewers or in close proximity to wells or water mains | <input type="checkbox"/> | <input type="checkbox"/> | |

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/AS2	<input type="checkbox"/> C/VM1	<input type="checkbox"/> C/VM2	<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:

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:

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			

Section 8 (...continued)

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

<input type="checkbox"/>	Project Information Memorandum	<input type="checkbox"/>	Current Manufacturer's Certificate
<input type="checkbox"/>	Certificate attached to Project Information Memorandum	<input type="checkbox"/>	Evidence of ownership
<input type="checkbox"/>	Development Contribution Notice	<input type="checkbox"/>	Plans and Specifications [as listed in the attached checklist]
<input type="checkbox"/>	Current Product Certificate	<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

Section 9

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:	OR	Signed by the agent: [on behalf of, and with authority from the owner]
Signature: _____		Signature: _____
Name: _____		Name: _____
Date: _____		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

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

<input checked="" type="checkbox"/> SECTION 1: GENERAL COMPLETE FOR ALL APPLICATIONS													
Building consent application form: 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				
One copy of all plans. 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		
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 deposit: Applications <u>will not be accepted without payment</u> of the appropriate fee/deposit (see page 8 for details).							Yes	No					
Proof of ownership: 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				
Inspection access: Provide any special requirements regarding access to the site.							Yes	No	N/A				
<input type="checkbox"/> 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: 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"/> SECTION 3: SITE PLAN (1:200) (or 1:500 for rural areas) 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"/> SECTION 4: FOUNDATION PLAN (1:100) COMPLETE FOR 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		
<input type="checkbox"/> 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
-----	-----	----	-----	----------------------------	-----	----	-----

<input type="checkbox"/> 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 (a separate matrix is required for each face of the building)					Yes	No	N/A

<input type="checkbox"/> 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

<input type="checkbox"/> 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

<input type="checkbox"/> SECTION 9: ROOF FRAMING 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"/> 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

<input type="checkbox"/> 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				

<input type="checkbox"/> 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

					o	
T-27.s1 schedule of specified systems + required attachments	Yes	No	N/A	Accommodation room space / counter	Yes	N o N/A
[Continued PTO...]				Outdoor public areas	Yes	N o 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	N o N/A
Resource consent has been applied for (No. _____)	Yes	No	N/A	New RAPID/street number required	Yes	N o N/A
Trade waste consent required	Yes	No	N/A	Service connection required: Water	Yes	N o N/A
Penetrometer/Ground test reports supplied	Yes	No	N/A	Stormwater	Yes	N o N/A
Geotech report supplied	Yes	No	N/A	Sewer	Yes	N o 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, 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 /application fee of \$ _____ applies.

(deposits listed below are current to 30 June 2022 only).

- | | |
|---|---------|
| ▪ Alterations or garage | \$650 |
| ▪ New Dwelling | \$1000 |
| ▪ 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 (or withdrawal of the application), 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 refused. Processing costs will be recovered for all refused 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 \$60.00 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.