

Compliance Schedule



Form 11 - Section 106, Building Act 2004

Schedule No.:

Building File No.:

Building Location

Rapid#/Street No.: _____ Road/Street: _____

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

Blk name & No _____ ML No _____

If the land is proposed to be subdivided _____
Include details of relevant lot no and subdivision consentBuilding Name: _____
(If applicable)Location Of Building: _____
(If applicable) within site/block number [include nearest street access]Current, Lawfully Established, Use: _____ Level/Unit Number: _____
[include number of occupants per level and per use if more than 1]

Section 1

Details of owner

Title: Mr / Mrs / Miss / Ms (other _____)

Surname: _____

First Name(s): _____

Contact Person (If not as above) _____

Mailing Address: _____

Street Address/Registered Office: _____

Phone No: (Ah) _____ (Bh) _____

Mobile No: _____ Fax : _____

Email Address: _____

Website (if applicable): _____



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

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

Title: Mr / Mrs / Miss / Ms (other _____)

Surname: _____

First Name(s): _____

Contact Person (If not as above) _____

Mailing Address: _____

Street Address/Registered Office: _____

Phone No: (Ah) _____ Bh) _____

Mobile No: _____ Fax : _____

Email Address _____

Website (if applicable): _____

Relationship To Owner: _____

(state details of authorisation from the owner to make the application on the owner's behalf)

Section 2

FIRST POINT OF CONTACT

For communications with the Council:

Mail documents to:

Owner

☐
☐

Agent

☐
☐

Application

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

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

X _____ Date: _____
SIGNATURE OF OWNER / AGENT ON BEHALF OF AND WITH THE AUTHORITY OF THE OWNER

Section 3

Compliance Schedule Details

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

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

Existing New/Altered

- ☐ ☐ 1 Automatic systems for fire suppression e.g. sprinklers
- ☐ ☐ 2 Automatic or manual emergency warning systems for fire or other dangers
- ☐ ☐ 3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation)
- ☐ ☐ 3/1 Automatic doors
- ☐ ☐ 3/2 Access controlled doors
- ☐ ☐ 3/3 Interfaced fire or smoke doors or windows
- ☐ ☐ 4 Emergency lighting systems
- ☐ ☐ 5 Escape route pressurisation systems
- ☐ ☐ 6 Riser mains for use by fire service
- ☐ ☐ 7 Any automatic backflow preventer connected to a potable water supply
- ☐ ☐ 8 Lifts, escalators, travelators or other systems for moving people or goods within buildings
- ☐ ☐ 8/1 Passenger carrying lifts
- ☐ ☐ 8/2 Service lifts
- ☐ ☐ 8/3 Escalators & moving walkways
- ☐ ☐ 9 Mechanical ventilation or air conditioning systems
- ☐ ☐ 10 Building maintenance units for providing access to the exterior and interior walls of buildings
- ☐ ☐ 11 Laboratory fume cupboards

Existing New/Altered

- ☐ ☐ 12 Audio loops or other assistive listening systems
- ☐ ☐ 12/1 Audio Loops
- ☐ ☐ 12/2 FM systems & infrared beam transmission systems
- ☐ ☐ 13 Smoke control systems
- ☐ ☐ 13/1 Mechanical smoke control
- ☐ ☐ 13/2 Natural smoke control
- ☐ ☐ 13/3 Smoke curtains
- ☐ ☐ 14 Emergency power systems for, or signs relating to a system or feature specified in clauses 1 to 13
- ☐ ☐ 14/1 Emergency power systems relating to system in clauses 1-13
- ☐ ☐ 14/2 Signs relating to a system specified in clauses 1-13
- ☐ ☐ 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:
- ☐ ☐ 15/1 Systems to communicate spoken info to facilitate evacuation
- ☐ ☐ 15/2 Final exits
- ☐ ☐ 15/3 Fire separations
- ☐ ☐ 15/4 Signs for communicating information to facilitate evacuation
- ☐ ☐ 15/5 Smoke separations

Attachments

- ☐ Completed T-27 Form.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					<input type="checkbox"/>
	Issuing Clerk*					*ensure c/schedule fee is invoiced