

Certificate for Public Use

Form 15 - Section 363A, Building Act 2004

GISBORNE
DISTRICT COUNCIL

Building Consent No.:

Building File No.:

Premises / Part of Premises

Description of *premises / *part of premises for which certificate is sought: _____

[Identify the building in which the premises or part of the premises are located and describe those premises or that part of the premises. If appropriate, provide plans or diagrams that clearly delineate the premises or part of the premises.]

Building Work Affecting Premises / Part of Premises

Building Consent Number/s: _____

Issued by: GISBORNE DISTRICT COUNCIL

Applicant (person who owns, occupies or controls premises)

Applicant: _____

Contact Person (If not as above) _____

Mailing Address: _____

Phone No: (Ah) _____ (Bh) _____

Mobile No: _____ Fax : _____

Email Address: _____

THE FOLLOWING EVIDENCE OF APPLICANTS STATUS AS:

☐ owner ☐ occupier ☐ person in control,
☐ is attached to this application.

[eg, copy of certificate of title, lease, agreement for sale and purchase, licence, occupation order, or property management agreement, **being a document that shows the full name of the applicant**].

The owner name and address is: [state owner's name and address]

Building owner name: _____

Building owner address: _____

Agent (if application is on behalf of owner, occupier or person in control of premises)

Agent: _____

Contact Person (If not as above) _____

Mailing Address: _____

Phone No: (Ah) _____ (Bh) _____

Mobile No: _____ Fax : _____

Email Address _____

Relationship to *owner/ *occupier/*person in control of the premises:

state details of authorisation from the owner/occupier/person in control of premises to make the application on their behalf

* Please delete items not applicable

MAIL DOCUMENTS TO: ☐ Applicant ☐ Agent**Application***Continued... please enter signature, name and date below then complete sections 5-7 overleaf ►*

I REQUEST THAT YOU ISSUE, under section 363a(2) of the building act 2004, **A CERTIFICATE FOR PUBLIC USE**
 for the premises or the part of the premises described above.

SIGNATURE OF

X _____
 *Owner/*occupier/*person in control of premises

OR

X _____
 Agent on behalf of, and with the authority of, the *owner/*occupier/*person:

Name [of person signing]: _____

Date: _____

Application (...continued)

☐ I confirm that no code compliance certificate has been issued for the building work.

It is intended to permit members of the public to use the ☐ premises ☐ part of the premises described above, for the following purposes and in the following circumstances: *[describe purposes and circumstances]*

Members of the public can use the *premises/*part of the premises described above safely because: *[state reasons for statement, and include any precautions taken to protect the public, information on any specified systems in the premises or part of the premises, and the management of any special risks (eg, means of escape from fire) on site (provide information in attachments, if necessary)]*

Personnel (* If applicable)

The personnel who carry out the building work are as follows: *[if known, list names, addresses, phone numbers, and (where relevant) registration numbers]:*

Trade: (ie Builder/Plumber etc) _____ Name: _____

Address: _____

Phone: _____ Mobile: _____ Reg No: _____

Trade: (ie Builder/Plumber etc) _____ Name: _____

Address: _____

Phone: _____ Mobile: _____ Reg No: _____

Documents Required

The following documents are attached to this application:

- ☐ Evidence of applicant's status (as stated in section 3).
- ☐ Plans and diagrams showing the premises or part of the premises described above.
- ☐ Documents relevant to the safety of the *premises/*part premises (eg, an engineers report, certificates concerning specified systems).
- ☐ Please ensure you have signed section 4 on the front page of this form.
- ☐ Cash Receipt for **fee of \$212 incl GST (\$128 if renewing existing certificate)** attached - 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])

PROGRAMMING SHEET: FOR OFFICE USE ONLY

ORDER / OFFICER		OFFICERS NAME	DATE RECEIVED	DATE COMPLETE	INITIALS	✓ = Approved ✗ = Declined
	Received by					
	Programmed by					
	Planning Officer	[see circulation coversheet]				
CPU over 3 months	Ian					
	BSO					<input type="checkbox"/>
All app'ns	C/Schedule Officer					® File duplicate cert. in field record envelope.
	Issued by @					

© File duplicate cert. in field record envelope.

THIS SECTION IS TO BE COMPLETED BY THE BUILDING SERVICES OFFICER (after recording all details of this application on the record card):

The certificate will be subject to the following conditions:

- ☐ [tick if applies] Specified Systems are required to be tested and maintained in accordance with the appropriate standard
- ☐ [tick if applies] The work area must be separated from areas open to the public at all times. This should be a physical barrier without gaps and should be designed to prevent access by all people including small children. If there are issues in providing or erecting such a barrier an onsite meeting shall be called with a Building Services Officer to discuss the separation requirements.

Certificate expiry date: / /