

# Application for a Building Consent and/or Project Information Memorandum

## Section 33 or section 45, Building Act 2004

Send or deliver your application to: Kapiti Coast District Council, Building Control Department, Private Bag 601, Paraparaumu, 175 Rimu Rd, Paraparaumu. For enquiries, phone(04)9045617

Council Use Only:

Application #

Property ID

## Application

I request that you issue a  Project Information Memorandum  Building Consent for the building work described in this application.

Consent/Project Information Memorandum to be  Mailed  Collected

## The Building

[Project Location]

**Street address of building:**

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**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]

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**Building name:** [if applicable]

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

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**Number of levels:** [include ground level and any levels below ground]

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**Level/Unit Number:** [if applicable]

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**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 1 level]

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**Year first constructed:** [insert year, approximate date is acceptable  
e.g: c 1920s or 1960-1970]

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## 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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**Will the building work result in a change of use of the building?**

Yes  No

**Estimated value of the building work on which the building levy will be calculated (including goods and services tax):**

[state estimated value as defined in section 7 of the Building Act 2004]

\$ \_\_\_\_\_

**If yes, provide details of the new use:**

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**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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**Intended life of the building if less than 50 years:**

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**Does the building or site have any cultural heritage significance, or is it a marae?**

[refer to District Plan]  Yes  No

## The Owner

[must be completed for all applications and all details must be the owners]

**Name of Owner:** [include preferred form of title, eg, Mr, Miss, Dr if an individual and the contact persons name if a company, trust or similar]

**Owner's mailing address:**

**Street address/Registered office:**

**Owner's contact details:**

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Email: \_\_\_\_\_

After hours: \_\_\_\_\_

**Proof of ownership:** [please attach one of the following as evidence, as appropriate to the circumstances]

Copy of certificate of title, no more than 3 months old  Lease  Agreement for sale and purchase

## Agent

[only required if application is being made on behalf of the owner]

**Name of Agent:** [include the contact persons name if a company, trust or similar]

**Agent's mailing address:**

**Street address/Registered office:**

**Agent's contact details:**

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Email: \_\_\_\_\_

After hours: \_\_\_\_\_

## First point of contact

Owner  Agent  Other \_\_\_\_\_ Phone \_\_\_\_\_

**Signed by the owner**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

OR

**Signed by the agent** [on behalf of, or with authority from, the owner]

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 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 whomsoever requests the information.

Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

**Council use only:**

## Contacts

[Provide all details where relevant]

### Designer/Architect:

Business/name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Registration/qualification: \_\_\_\_\_

### Structural Engineer:

Contact/name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Registration/qualification: \_\_\_\_\_

### Engineer (identify practice college):

Business/name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Qualification/college: \_\_\_\_\_

### Plumber:

Business/name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Registration/qualification: \_\_\_\_\_

### Builder:

Business/name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Registration/qualification: \_\_\_\_\_

### Drainlayer:

Business/name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Registration/qualification: \_\_\_\_\_

### Head Contractor/Site Manager:

Business/name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Registration/qualification: \_\_\_\_\_

### Other:

Business/name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Registration/qualification: \_\_\_\_\_

## Attachments

The following documents are attached to this application if required/necessary: [tick boxes applicable]

Plans and specifications [list]

- Project information memorandum
- Development contribution notice
- Certificate attached to project information memorandum
- Disposal of stormwater and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the territorial authority

\_\_\_\_\_ [specify]

# Project Information Memorandum

[For project information memorandum only – delete this section if this is an application for building consent only]

**The following matters are involved in the project:** [tick boxes applicable]

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

\_\_\_\_\_ [specify]

## Building Consent

[Delete this section if this is an application for a project information memorandum only]

**The following plans and specifications are attached to this application:** [tick boxes applicable]

- specifications
- calculations
- plans
- producer statement
- other \_\_\_\_\_ please specify

[All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority]

**The building work will comply with the building code as follows:**

Clause [which of the following clauses will be involved in the proposed work?]	Means of compliance [refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications]	Proposed Inspections [state means of inspection. Note PS4s or certification may be required]
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS2 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS4203 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> C1-4 Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS4121 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> D2 Mechanical installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZS3500.3 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design and testing <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS4223 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> F3 Hazardous substances etc.	<input type="checkbox"/> F3/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> F6 Lighting for emergency	<input type="checkbox"/> F6/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]

**The building work will comply with the building code as follows: (continued)**

Clause <i>[which of the following clauses will be involved in the proposed work?]</i>	Means of compliance <i>[refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications]</i>	Proposed Inspections <i>[state means of inspection. Note PS4s or certification may be required]</i>
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> AS/NZS1668 <input type="checkbox"/> NZS4512 <input type="checkbox"/> NZS4515 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G6 Airborne and impact sound	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS6703 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1 <input type="checkbox"/> Other _____ [specify]	By certification only
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS5261 <input type="checkbox"/> Other _____ [specify]	By certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Other _____ [specify]	By certification only
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> AS/NZ3500.5 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> BS5572 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> NZS4214 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]

**Waiver/Modification to NZ Building Code required for following parts of code:**

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**The following specified systems are existing, being altered, added to, or removed in the course of the building work:**

	Existing	New	Altered	Added	Removed
<input type="checkbox"/> There are no specified systems in the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Car (including to individual dwelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic systems for fire suppression (for example, sprinkler systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riser mains for Fire Service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any automatic back-flow preventer connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of escape from fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency power systems for, or signs relating to, a system or feature specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of access and facilities for use by persons with disabilities which meet the requirements of section 118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held hose reels for fire fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Such signs as are required by the Building Code or by section 120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Address where compliance schedule will be held:**

\_\_\_\_\_

\_\_\_\_\_

**The maximum number of occupants that the building is designed for is:**

The following Councils developed this form in partnership: Kapiti Coast District, Porirua City, Wellington City, Hutt City, Upper Hutt City.