

Application for Code Compliance Certificate

Section 92, 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) 904 5617

Council Use Only:

Application #

Property ID

The Building Consent

Street address of building:

Building Consent Number:

Issued by:

The Owner

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]

Owners Mailing address:

Street address/Registered office:

Owners details:

Landline: _____

Mobile: _____

Facsimile number: _____

Email: _____

After hours: _____

Proof of ownership

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 _____

Application

All building work to be carried out under the above building consent was completed on _____

The personnel who carried out the building work are as follows:

[Please cross out any that are not applicable to this project]

Concreter:

Business/name: _____
Address: _____
Landline: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Joiner:

Business/name: _____
Address: _____
Landline: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Tanking applicator:

Business/name: _____
Address: _____
Landline: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Plasterer/textured coater:

Business/name: _____
Address: _____
Landline: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Gasfitter:

Business/name: _____
Address: _____
Landline: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Electrician:

Business/name: _____
Address: _____
Landline: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Plumber:

Business/name: _____
Address: _____
Landline: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Drainlayer:

Business/name: _____
Address: _____
Landline: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Carpenter:

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

Brick/Block layer:

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

Deck/roof membrane applicator:

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Facsimile: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Roofer:

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Facsimile: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Concealed fascia installer:

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Facsimile: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Others:

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Facsimile: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004.

The code compliance certificate should be sent to : *[state which address, and whether owner or agent]*

Signatures**Signed by the owner**

OR

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

Attachments

The following documents are attached to this application:

- Certificates from the personnel who carried out the work
- Certificates that relate to the energy work [ie. gas, electricity]
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent.

Compliance Schedule

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing standards set in the building consent:

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