

APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE [Form 11 – Building (forms) Regulations 2004]

Building Act 2004, section 106
Send or deliver this form to: Kapiti Coast District Council,
175 Rimu Road, Paraparaumu 5032
Private Bag 60601, Paraparaumu 5254
For enquiries, phone 04 296 4700

Council use only:

Application Number:
Property ID:

THE BUILDING *(Project location)*

Building street address:

Legal description of land where the building is located: *(state legal description as at date of application, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent)*

Building name *(if applicable)*:

Location of building within the site *(include nearest street access)*:

Level/unit number *(if applicable)*:

Current, lawfully established use of all parts of the building *(include number of occupants per level and per use if more than one level)*:

THE OWNER *(must be completed for all applications and all details must be the owner's)*

Owner's name *(Include preferred form of title, e.g. Mr, Miss, Dr, if an individual and the contact persons name if a company, trust or similar)*:

Contact person *(If not owner)*:

Owner's mailing address:

Street address/registered office:

Owner's contact details:

Landline:

Mobile:

After hours:

Fax:

Email:

Website:

Proof of ownership – attach following as evidence

Copy of the land title *(Computer register, Record of Title, RT or property title)* – no more than three months old **AND** where applicable

Lease Agreement for sale and purchase or Other document showing full legal name of owner(s) of building

AGENT *(only required if application is being made on behalf of the owner)*

Name of agent. If application is for a company, trust or other organisation provide a contact person's name

Agent's mailing address:

Street address/registered office:

Agent's contact details		
Landline:	Mobile:	After hours:
Fax:	Email:	Website:
Relationship with owner: <i>(State details of authorisation from owner to make the application on the owner's behalf)</i>		

FIRST POINT OF CONTACT *(mark boxes as appropriate and provide details of any other points of contact – contact details must be in New Zealand)*

Agent
 Owner
 Other
 Phone:

Signed by the owner	OR	Signed by the agent <i>(on behalf of, and with the authority from, the owner)</i>
Signature		Signature
Name		Name
Date		Date

A copy of the existing compliance schedule must be attached to this application

Existing compliance schedule attached: Yes

APPLICATION

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

Specified System	Amendment	Reason
<i>(specified system requiring amendment)</i>	<i>(amendment required)</i>	<i>(state why amendment is required to ensure that the specified system meets the performance standards)</i>