## SOLID FUEL HEATER APPLICATION FOR CODE COMPLIANCE CERTIFICATE



[Form 6, Building (Forms) Regulations 2004]

## Section 92, Building Act 2004

Send or deliver your application to:

Building Control Team 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:	
Valuation Number:	

This application form is only valid for consents relating to solid fuel / woodburners.

Building Consent Number:  Building street address:  Building Consent issued by:    Kapiti Coast District Council     Other (Please state):    OWNER (as defined by the Building Act 2004)  Owner's name: (Include preferred form of title e.g. Mr, Miss, Dr, if an individual and the contact person's name if a company, trust similar)					
Building Consent issued by:    Kapiti Coast District Council     Other (Please state):    OWNER (as defined by the Building Act 2004)    Owner's name: (Include preferred form of title e.g. Mr, Miss, Dr, if an individual and the contact person's name if a company, trust					
Other (Please state):  OWNER (as defined by the Building Act 2004)  Owner's name: (Include preferred form of title e.g. Mr, Miss, Dr, if an individual and the contact person's name if a company, trust					
Owner's name: (Include preferred form of title e.g. Mr, Miss, Dr, if an individual and the contact person's name if a company, trust					
Contact person:					
Owner's mailing address:					
Street address/registered office:					
Owner's contact details					
Landline: Mobile: After hours:					
Fax: Email: Website:					
Proof of ownership – Attach the following as evidence (Only required if details have changed from the building consent application)					
☐ Copy of the land title (Computer register, Record of Title, RT or property title) – no more than three months old <b>AND</b> where applicable ☐ Lease or ☐ Agreement for sale and purchase or ☐ Other document showing full name of legal 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:		
Agent relationship to Owner:	s of authorisation from the owner application on the owner's fowner / agent on behalf of and					
Agent relationship to Owner.	with authority of the owner:					
	Name of per	erson signing:				
First Paint of Contact.	Date:					
First Point of Contact: for Communications with the Building Consent Authority:						
APPLICATION						
	ove building c	onsent was completed or	n or about	(date):		
All building work carried out under the above building consent was completed on or about (date):  The licensed building practitioner who carried out or supervised the restricted building work is as follows. (Add additional sheets if required.)						
Particular work carried out or supervised:	Name of Lic Practitioner	censed Building Licensin		g Class	Licensed Building Practitioner Number (or registration number if treated as being licensed under section 291 of the Act)	
Schedule of people who carri	ed out the	a building work of	her tha	n restric	rted building work is as	
follows: (Please complete all						
Fireplace / woodburner installer		Business/name:				
Address:						
Registration/qualification:		Mobile:			Landline:	
Email:		After hours phone:		Fax:		
Product name:		Manufacturer:				
Other (e.g. certifying plumber)		Business/name:				
Address:						
Registration/qualification:		Mobile:		La	Landline:	
Email:		After hours phone:			ax:	
Product name:		Manufacturer:				

COMPL	LIANCE SCHEDULE - SPECIFIED SYSTEMS					
Tick appli	icable					
	There are no specified systems in the building OR					
	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 performance standards set out on the building consent.					
List specified systems:						
CODE COMPLIANCE CERTIFICATE						
I request	t that you issue a Code Compliance Certificate for this wo	rk und	er section 95 of the Building Act 2004.			
The Code	e Compliance Certificate should be sent to: (state which addre	ss and	whether owner or agent)			
Name:	☐ Owner ☐ Agent					
Address:						
SIGN	ATURES					
SIGINA	ATORES					
Signed	by the owner	OR	Signed by the agent (on behalf of, and with the authority of, the owner)			
Signatu	re:		Signature:			
Name:			Name:			
Date:			Date:			
ATTA	CHMENTS					
		nnlicah	(e)·			
	e following documents are attached to this application (tick those applicable):					
	Other documents from the personnel who carried out the work					
		Memorandum from licensed building practitioner(s) stating what restricted work they carried out or supervised				
	Certificates that relate to the energy work (i.e. gas, electricity)					
	Evidence that specified systems are capable of performing to the performance standards set out in the building consent.					
	Other - (specify)					