

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

Fields marked with * are required

Council use only:

Application Number:

Valuation Number:

THE BUILDING CONSENT

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 or similar*)

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

AND 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 *:	State details of authorisation from the owner to make the application on the owner's behalf *:	
	Signature of owner / agent on behalf of and with authority of the owner:	
	Name of person signing:	
	Date:	
First Point of Contact *: for Communications with the Building Consent Authority:		

APPLICATION

PART A – COMPLETION DATE *

All building work carried out under the above building consent was completed on or about (date):

PART B – RESTRICTED BUILDING WORK *

The licensed building practitioner/s that carried out or supervised the restricted building work is/are as follows. This list should match the Licensed Building Practitioners notified in your building consent documentation. *(Add additional sheets if required.)*

Particular work carried out or supervised *	Name of Licensed Building Practitioner *	Licensing Class *	Licensed Building Practitioner Number * <small>(or registration number if treated as being licensed under section 291 of the Act)</small>

PART C – WORK NOT CLASSIFIED AS RESTRICTED *

Schedule of people who carried out the building work other than restricted building work is as follows:
(Please complete all trades applicable to your building consent.)

Designer or Architect	Business Name:		
Address:			
Registration/qualification:			
Mobile:	Landline:	After hours phone:	
Email:		Fax:	
Product name:		Manufacturer:	
Brick / Block Layer	Business Name:		
Address:			
Registration/qualification:			
Mobile:	Landline:	After hours phone:	
Email:		Fax:	
Product name:		Manufacturer:	
Carpenter	Business Name:		
Address:			
Registration/qualification:			
Mobile:	Landline:	After hours phone:	
Email:		Fax:	
Product name:		Manufacturer:	
Certifying Drainlayer	Business Name:		
Address:			
Registration/qualification:			
Mobile:	Landline:	After hours phone:	
Email:		Fax:	
Product name:		Manufacturer:	
Certifying Gasfitter	Business Name:		
Address:			
Registration/qualification:			
Mobile:	Landline:	After hours phone:	
Email:		Fax:	
Product name:		Manufacturer:	

Certifying Plumber	Business Name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	
Concealed Fascia Installer (e.g. spouting)	Business Name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	
Concreter		
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	
Deck / Roof Membrane Application	Business Name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	
Plasterer / Textured Coater	Business Name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	

Registered Electrician	Business Name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	
Roofer	Business Name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	
Structural Engineer	Business Name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	
Tanking Application	Business/name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	
Other	Business/name:	
Address:		
Registration/qualification:		
Mobile:	Landline:	After hours phone:
Email:		Fax:
Product name:	Manufacturer:	

COMPLIANCE SCHEDULE – SPECIFIED SYSTEMS

Tick applicable *

- | | | |
|--------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | | There are no specified systems in the building OR |
| <input type="checkbox"/> | | 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. |

Tick applicable *

<input type="checkbox"/>	SS1	Automatic systems for fire suppression (e.g. sprinkler systems)
<input type="checkbox"/>	SS2	Automatic or manual emergency warning systems for fire or other dangers Fire alarm type:
<input type="checkbox"/>	SS3	Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation) <input type="checkbox"/> SS 3.1: Automatic doors <input type="checkbox"/> SS 3.2: Accessed controlled doors <input type="checkbox"/> SS 3.3: Interfaced fire or smoke doors or windows
<input type="checkbox"/>	SS4	Emergency lighting systems
<input type="checkbox"/>	SS5	Escape route pressurisation systems
<input type="checkbox"/>	SS6	Riser mains for Fire Service use
<input type="checkbox"/>	SS7	Automatic back-flow preventers connected to a potable water supply
<input type="checkbox"/>	SS8	Lifts, escalators, travelators, or other systems for moving people or goods within a building
<input type="checkbox"/>	SS9	Mechanical ventilation or air conditioning systems
<input type="checkbox"/>	SS10	Building maintenance units for providing access to the exterior and interior walls of buildings
<input type="checkbox"/>	SS11	Laboratory fume cupboards
<input type="checkbox"/>	SS12	Audio loops or other assistive listening systems <input type="checkbox"/> SS 12 1: Audio loops <input type="checkbox"/> SS 12.2: FM radio frequency systems and infrared beam transmission systems
<input type="checkbox"/>	SS13	Smoke control systems <input type="checkbox"/> SS 13.1: Mechanical smoke control <input type="checkbox"/> SS 13.2: Natural smoke control <input type="checkbox"/> SS 13.3: Smoke curtains
<input type="checkbox"/>	SS14	Emergency power systems for, or signs relating to, a system or feature specified in any clauses 1-13 <input type="checkbox"/> SS 14.1: Emergency power systems <input type="checkbox"/> SS 14.2: Signs

<input type="checkbox"/>	SS15	Other fire safety systems and features <input type="checkbox"/> SS 15.1: Systems for communicating information to facilitate evacuation <input type="checkbox"/> SS 15.2: Final exits <input type="checkbox"/> SS 15.3: Fire separations <input type="checkbox"/> SS 15.4: Signs for communicating information to facilitate evacuation <input type="checkbox"/> SS 15.5: Smoke separations
<input type="checkbox"/>	SS16	Cable Car (including to individual dwelling)

CODE COMPLIANCE CERTIFICATE *

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)*

Name: Owner Agent

Address:

SIGNATURES *

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

ATTACHMENTS *

The following documents are attached to this application:

Tick applicable

<input type="checkbox"/>	Memorandum from licensed building practitioner(s) stating what restricted work they carried out or supervised.
<input type="checkbox"/>	Certificates from the personnel who carried out the work (other than restricted building work).
<input type="checkbox"/>	Certificates that relate to the energy work (i.e. gas, electricity)
<input type="checkbox"/>	Evidence that specified systems are capable of performing to the performance standards set out in the building consent.
<input type="checkbox"/>	Roof Cladding / Gutter / Fascia Warranty - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	Wall Cladding Warranty - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	Exterior Joinery Warranty - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	Exterior Cladding System Warranty - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	Wet Area Membranes Warranty - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	As-Built Drainage - <i>(Project specific document, dimensioned and signed)</i>
<input type="checkbox"/>	Waste Water Disposal System installers declaration and service contract - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	Energy Works Certificate – Gas - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	Energy Works Certificate – Electricity - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	Record of Restricted Building Work Memorandum - <i>(Record of Building Work)</i>
<input type="checkbox"/>	PS3 – Construction - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	PS4 – Construction Review / Site Notes - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	SS2 Emergency Warning System – Commissioning Certificate - <i>(Project specific document, signed by accredited body)</i>
<input type="checkbox"/>	Photographs - <i>(Project specific)</i>
<input type="checkbox"/>	Any other Installers declaration - <i>(Project specific document, signed)</i>
<input type="checkbox"/>	Other - <i>(specify)</i>