

# COMMERCIAL AND COMPLEX RESIDENTIAL APPLICATION FOR A BUILDING CONSENT

and/or Project Information Memorandum [Form 2, Building (Forms) Regulations 2004]

Building Act 2004, section 33 or section 45

Send or deliver your application 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 #  
Property ID

Please provide one copy of all attachments, unless otherwise specified in checklist

## PART 1 – APPLICATION *(select type appropriately)*

|   |   |
|---|---|
| If you have an existing application number relating to this building please note the number beside the application type   |   |
| <input type="checkbox"/> Project Information Memorandum Number:   | <input type="checkbox"/> Building Consent Number: |
| <input type="checkbox"/> Staged Consent Number:   | <input type="checkbox"/> Amendment Number:        |
| <input type="checkbox"/> National Multi-use Approval <i>(If yes provide copies of MultiProof certificate, plans and specifications)</i>   |   |
| Please indicate desired Building Consent format to be provided:<br><small>(Note: Project Information Memoranda are provided by email. A hard copy of the Building Consent is to be made available on site during inspections)</small> |   |
| <input type="checkbox"/> electronic copy emailed <input type="checkbox"/> additional hard copy mailed <input type="checkbox"/> additional hard copy collected   |   |

| Restricted Building Work   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Does application involve restricted building work?<br>If yes, show Licensed Building Practitioner(s) details on page 3 and provide certificate(s) of design work<br><i>(If LBP details are unknown at the time of application they must be supplied before building work begins)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial assistance package (FAP)   | Yes                      | No                       |
| Is application subject to a claim under the FAP scheme? If yes, FAP claim number:  | <input type="checkbox"/> | <input type="checkbox"/> |

| Cultural or Heritage Significance  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Does the building or site have any cultural or heritage significance, or is it a marae?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the site subject to natural or created hazards such as erosion, subsidence, flooding, slips, cut and fill or contamination? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide details:   |                          |                          |

| EARTHQUAKE RELATED WORK   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Is this application earthquake related?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it coordinated by an insurance company via a Project Management Organisation (PMO), e.g. Construction company? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name of PMO:  |                          |                          |

## THE BUILDING *(project location)*

|  |
|--|
| Building name <i>(if applicable)</i> :   |
| Building street address:<br><i>(if no street address –nearest intersection and distance to intersection)</i> |

|  |                          |                             |
|--|--------------------------|-----------------------------|
| Location of building within the site <i>(include nearest street access)</i> :  |                          |                             |
| Legal description of land where the building is located. If a subdivision of the land is proposed provide the lot numbers and consent number     |                          |                             |
| Lot(s):  | Subdivision lot No:      |                             |
| DP(s):   | Subdivision consent No:  |                             |
| Number of levels <i>(include below ground, ground and above ground)</i> :  |                          |                             |
| Level/unit number <i>(if applicable)</i> :   |                          |                             |
| Area (in square metres)  |                          |                             |
| Existing floor area:   | Proposed new floor area: | Resulting total floor area: |
| Current, lawfully established use of all parts of the building <i>(include number of occupants per level and per use if more than one level)</i> |                          |                             |
| Year first constructed <i>(insert year, an approximate date is acceptable such as 1920's or 1960-1970)</i>                                       |                          |                             |

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

Owner's name. If the owner is a company or other organisation provide the company or organisation name and a contact person's name.

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

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.

### 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 to owner *(state the details of the owner's authorisation if making this application on the owner's behalf)*:

|   |                                |                                |   |  |                               |
|---|--------------------------------|--------------------------------|---|--|-------------------------------|
| First point of contact - mark boxes as appropriate and provide details of any other points of contact<br>(Contact details must be in New Zealand) |                                |                                |   | A copy of all requests for further information will be sent to owners. |                               |
| Further Information   | <input type="checkbox"/> Agent | <input type="checkbox"/> Owner | <input type="checkbox"/> Other – details: | <input type="checkbox"/> Email   | <input type="checkbox"/> Post |
| Correspondence  | <input type="checkbox"/> Agent | <input type="checkbox"/> Owner | <input type="checkbox"/> Other – details: | <input type="checkbox"/> Email   | <input type="checkbox"/> Post |
| Invoicing   | <input type="checkbox"/> Agent | <input type="checkbox"/> Owner | <input type="checkbox"/> Other - details: | <input type="checkbox"/> Email   | <input type="checkbox"/> Post |

| <b>CONTACTS</b> (provide all details including licensed building practitioner information where relevant) |  |                |  |                  |  |
|---|--|----------------|--|------------------|--|
| <b>Designer or Architect</b>  |  | Business/name: |  |                  |  |
| Address:  |  |                |  |                  |  |
| Email:  |  | Mobile:        |  | Landline:        |  |
| LBP or registration number/qualification:   |  |                |  | Licensing class: |  |
| <b>Structural Engineer</b>  |  | Business/name: |  |                  |  |
| Address:  |  |                |  |                  |  |
| Email:  |  | Mobile:        |  | Landline:        |  |
| LBP or registration number/qualification:   |  |                |  | Licensing class: |  |
| <b>Fire Safety Designer</b>   |  | Business/name: |  |                  |  |
| Address:  |  |                |  |                  |  |
| Email:  |  | Mobile:        |  | Landline:        |  |
| LBP or registration number/qualification:   |  |                |  | Licensing class: |  |
| <b>Head Contractor / Site Manager</b>   |  | Business/name: |  |                  |  |
| Address:  |  |                |  |                  |  |
| Email:  |  | Mobile:        |  | Landline:        |  |
| LBP or registration number/qualification:   |  |                |  | Licensing class: |  |
| <b>Builder</b>  |  | Business/name: |  |                  |  |
| Address:  |  |                |  |                  |  |
| Email:  |  | Mobile:        |  | Landline:        |  |
| LBP or registration number/qualification:   |  |                |  | Licensing class: |  |
| <b>Plumber</b>  |  | Business/name: |  |                  |  |
| Address:  |  |                |  |                  |  |
| Email:  |  | Mobile:        |  | Landline:        |  |
| LBP/Certifying Plumber/qualification:   |  |                |  | Licensing class: |  |
| <b>Drainlayer</b>   |  | Business/name: |  |                  |  |
| Address:  |  |                |  |                  |  |
| Email:  |  | Mobile:        |  | Landline:        |  |
| LBP/Certifying Drainlayer/qualification:  |  |                |  | Licensing class: |  |

|   |  |                |                  |
|---|--|----------------|------------------|
| <b>Other</b> (Attach additional page if required) |  |                |                  |
| Role  |  | Business/name: |                  |
| Address:  |  |                |                  |
| Email:  |  | Mobile:        | Landline:        |
| LBP or registration number/qualification:         |  |                | Licensing class: |

## APPLICATION

I request that you issue (tick relevant boxes)  **Building Consent** and/or  **Project Information Memorandum** for the building work described in this application.

|                     |  |    |  |  |
|---------------------|--|----|--|--|
| Signed by the owner |  | OR | Signed by the agent (on behalf of, and with the authority of, the owner) |  |
| Signature:          |  |    | Signature:   |  |
| Name:               |  |    | Name:  |  |
| Date:               |  |    | 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 forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information.

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

## PART 2 – PROJECT

### GENERAL INFORMATION

Description of the building work (provide sufficient description to enable full understanding of the scope of the work).

|   |                 | Yes                      | No                       |
|---|-----------------|--------------------------|--------------------------|
| Has a pre-application meeting been attended?  | If yes, number: | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the building work result in a change of use of any part of the building?   |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide details of the new use:   |                 |                          |                          |
| Intended life of the building stated in years, only if intended to be less than 50 years old  |                 |                          |                          |
| List building consents previously issued for the project (if any). List who issued the consent, the date of issue and the consent number.   |                 |                          |                          |
| 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]. |                 |                          |                          |
| \$  |                 |                          |                          |

## PART 3 – SITE ISSUES AND PROJECT INFORMATION

| Site issues   | Applicant to complete | Reference on drawings, specifications and/or comments  | Council use only |
|---|-----------------------|--|------------------|
| Are the finished floor, finished ground, street and associated datum levels (NZDV 2016) shown on plans? |                       |  | <b>Notes</b>     |
| Are the distances to boundaries shown on plans?   |                       |  |                  |
| Does the proposed work cover two or more allotments?  |                       |  |                  |
| What is the wind zone?  |                       |  |                  |
| What is the exposure zone?  |                       |  |                  |
| Are there public drains on the site?  |                       |  |                  |
| Is the site subject to natural or created hazards such as (tick one):                                   |                       | If any ticked, ensure design shows how this issue is to be mitigated. Further information on such sites is available on request form Council |                  |
| Erosion <input type="checkbox"/> yes <input type="checkbox"/> no  |                       |  |                  |
| Subsidence <input type="checkbox"/> <input type="checkbox"/>  |                       |  |                  |
| Flooding <input type="checkbox"/> <input type="checkbox"/>  |                       |  |                  |
| Ponding <input type="checkbox"/> <input type="checkbox"/>   |                       |  |                  |
| Slips <input type="checkbox"/> <input type="checkbox"/>   |                       |  |                  |
| River/Stream corridor <input type="checkbox"/> <input type="checkbox"/>                                 |                       |  |                  |
| Overflow Path <input type="checkbox"/> <input type="checkbox"/>   |                       |  |                  |
| Cut and fill or contamination <input type="checkbox"/> <input type="checkbox"/>                         |                       |  |                  |
| If yes, provide details.  |                       |  |                  |
| Are the ground conditions specified?  |                       |  |                  |

## PROJECT INFORMATION

| Select box if the matter is part of the project   |                          | Comments |
|---|--------------------------|----------|
| Subdivision   | <input type="checkbox"/> |          |
| Alterations to land contours  | <input type="checkbox"/> |          |
| New or altered connection to public utilities   | <input type="checkbox"/> |          |
| New or altered locations and/or external dimensions of building(s)  | <input type="checkbox"/> |          |
| New or altered access for vehicles  | <input type="checkbox"/> |          |
| Building work over or adjacent to any road or public place  | <input type="checkbox"/> |          |
| Disposal of stormwater and wastewater   | <input type="checkbox"/> |          |
| Building work over any existing drains or sewers or in close proximity to wells or water mains                                  | <input type="checkbox"/> |          |
| Other matters known to the applicant that may require authorisation from the appropriate territorial authority <i>[specify]</i> | <input type="checkbox"/> |          |

## PART 4 – COMPLIANCE

**Do not fill in this section if this application is only for a Project Information Memorandum**

All documentation, including plans, specifications, calculations and producer statements, used to show building consent compliance must be formally listed as attachments in the relevant checksheet (Form 333, Form 332 or Form 334) and attached to this application.

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

Please ensure that any details of the listed compliance elements are shown on drawings and/or specifications.

### B1: Structure

| Elements   | Means of compliance  | Reference on drawings, specifications and/or comments | For Council use only   |
|--|--|---|--|
| <b>B1: Foundations</b>                                       | <input type="checkbox"/> <b>Not applicable</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Applicable</b></span>   |   | <b>Notes:</b>  |
| foundation size  | <input type="checkbox"/> Specific engineering design<br><input type="checkbox"/> NZS 3604<br><input type="checkbox"/> NZS 4229<br><input type="checkbox"/> Other (Specify)   |   |  |
| reinforcing  |  |   |  |
| foundation/footings for retaining walls                      |  |   |  |
| <b>B1: Slab</b>  | <input type="checkbox"/> <b>Not applicable</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Applicable</b></span>   |   |  |
| layout dimensions  | <input type="checkbox"/> Specific engineering design<br><input type="checkbox"/> NZS 3604<br><input type="checkbox"/> NZS 4229<br><input type="checkbox"/> Other (Specify)   |   |  |
| thickness  |  |   |  |
| reinforcing  |  |   |  |
| slab thickening/point loads                                  |  |   |  |
| fixing/connections   |  |   |  |
| <b>B1: Timber Sub-floor and Floor</b>                        | <input type="checkbox"/> <b>Not applicable</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Applicable</b></span>   |   |  |
| pile details including bracing                               | <input type="checkbox"/> Specific engineering design<br><input type="checkbox"/> NZS 3604<br><input type="checkbox"/> Other (Specify)  |   |  |
| bearers and joist details including support/blocking details |  |   |  |
| flooring material and floor height above ground              |  |   |  |
| fixing/connection  |  |   |  |
| <b>B1: Walls</b>   | <input type="checkbox"/> <b>Not applicable</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Applicable</b></span>   |   |  |
| wall type, height, centres, member sizes and bracing         | <input type="checkbox"/> Specific engineering design<br><input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 4210<br><input type="checkbox"/> NZS 4229 <input type="checkbox"/> NZS 4230<br><input type="checkbox"/> Other (Specify) |   |  |
| window and door framing details including lintels            |  |   |  |
| fixing/connection  |  |   |  |
| <b>B1: Roof</b>  |  |   | <input type="checkbox"/> <b>Not applicable</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Applicable</b></span> |
| layout/trusses including member centres sizes and bracing    | <input type="checkbox"/> Specific engineering design<br><input type="checkbox"/> NZS 3604<br><input type="checkbox"/> Other (Specify)  |   |  |
| purlin/batten centres and sizes                              |  |   |  |
| beams centres and sizes                                      |  |   |  |
| fixing/connection  |  |   |  |
| <b>B1: Barrier Fixings</b>                                   | <input type="checkbox"/> <b>Not applicable</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Applicable</b></span>   |   |  |
| rail, fence, baluster fixings                                | <input type="checkbox"/> Specific engineering design   |   |  |

## B2: Durability

| Elements                               | Means of compliance   | Reference on drawings, specifications and/or comments | For Council use only |
|--|---|---|----------------------|
| <b>B2: Durability</b>                  | <input type="checkbox"/> Not applicable   | <input type="checkbox"/> Applicable                   | <b>Notes:</b>        |
| concrete/masonry                       | <input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS 3101<br><input type="checkbox"/> NZS 3404 <input type="checkbox"/> NZS 3602<br><input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 4229<br><input type="checkbox"/> NZS 4230 <input type="checkbox"/> Other [specify] |   |                      |
| timber treatment                       |   |   |                      |
| metal                                  |   |   |                      |
| subfloor and roof/skillion ventilation |   |   |                      |
| plumbing materials                     |   |   |                      |

## C: Protection From Fire

| Elements     | Means of compliance  | Reference on drawings, specifications and/or comments | For Council use only |
|--------------|--|---|----------------------|
| <b>C1-C6</b> | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   | <b>Notes:</b>        |
|              | <input type="checkbox"/> C/AS1: SH<br><input type="checkbox"/> C/AS2: SM, SI, CA, WB, WS<br><input type="checkbox"/> C/VM2 Verification method |   |                      |
|              |  |   |                      |
|              |  |   |                      |

## D1-D2: Access

| Elements   | Means of compliance  | Reference on drawings, specifications and/or comments | For Council use only |
|--|--|---|----------------------|
| <b>D1: Access Routes</b>                             | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   | <b>Notes:</b>        |
| slip resistance                                      | <input type="checkbox"/> D1/AS1<br><input type="checkbox"/> AS/2890.1<br><input type="checkbox"/> Other [specify]                                |   |                      |
| landing size   |  |   |                      |
| handrail   |  |   |                      |
| stair dimension including tread and riser            |  |   |                      |
| ramps  |  |   |                      |
| head height clearance                                |  |   |                      |
| vehicle access: parking, loading spaces and driveway |  |   |                      |
| <b>D2: Mechanical Installations for Access</b>       | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   |                      |
| lift   | <input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2<br><input type="checkbox"/> NZS 5279<br><input type="checkbox"/> Other [specify] |   |                      |
| external platform/chairlift                          |  |   |                      |
| cable car  |  |   |                      |

## E1-E3: Moisture

| Elements   | Means of compliance  | Reference on drawings, specifications and/or comments | For Council use only |
|--|--|---|----------------------|
| <b>E1: Site Drainage (surface water)</b>   | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   | <b>Notes:</b>        |
| secondary flow path  |  |   |                      |
| stormwater disposal method: gravity controlled, storage-pumped systems to Council main, soak pit or street kerb with channel   | <input type="checkbox"/> E1/AS1<br><input type="checkbox"/> E1/VM1<br><input type="checkbox"/> AS/NZS 3500.3<br><input type="checkbox"/> AS/NZS 3500.5<br><input type="checkbox"/> Other [specify] |   |                      |
| surface water and field drains to silt sumps   |  |   |                      |
| <b>E1: Roof Water Dispersal (surface water)</b>  | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   |                      |
| internal/external gutter including rainwater head, scupper opening details   | <input type="checkbox"/> E1/AS1<br><input type="checkbox"/> E1/VM1<br><input type="checkbox"/> AS/NZS 3500.3<br><input type="checkbox"/> AS/NZS 3500.5<br><input type="checkbox"/> Other [specify] |   |                      |
| roof and deck catchment area, pitch (roof and/or deck) including downpipe size and number  |  |   |                      |
| <b>E2: Floor (external moisture)</b>   | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   |                      |
| floor height above ground  |  |   |                      |
| damp-proof membrane  | <input type="checkbox"/> E2/AS1<br><input type="checkbox"/> Other [specify]  |   |                      |
| deck threshold with door details   |  |   |                      |
| <b>E2: Decks and Balconies (external moisture)</b>   | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   |                      |
| waterproof membrane details including eaves, barges, junction with walls, barrier fixings, outlets and overflows   | <input type="checkbox"/> E2/AS1<br><input type="checkbox"/> Other [specify]  |   |                      |
| balustrade detail of flashing, capping, junctions and penetration  |  |   |                      |
| <b>E2: Walls (external moisture)</b>   | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   |                      |
| building wrap  |  |   |                      |
| head, jamb and sill flashing details   |  |   |                      |
| cavity or direct fix cladding system including: flashing details for external and internal corners, junctions with other materials, vertical and horizontal control joints | <input type="checkbox"/> E2/AS1<br><input type="checkbox"/> Other [specify]  |   |                      |
| cladding clearances between floor level, ground level and/or membrane deck level   |  |   |                      |
| tanking/damp proof membrane to retaining wall  |  |   |                      |
| <b>E2: Roof (external moisture)</b>  | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   |                      |



## E1-E3: Moisture

| Elements   | Means of compliance   | Reference on drawings, specifications and/or comments | For Council use only |
|--|---|---|----------------------|
| building wrap  | <input type="checkbox"/> E2/AS1<br><input type="checkbox"/> Other [specify]   |   |                      |
| type of roof: profiled metal roof, concrete, clay tile roof etc  |   |   |                      |
| membrane roof  |   |   |                      |
| flashing of penetrations   |   |   |                      |
| flashings of junctions: eave, ridge, valley, apron and upstands  |   |   |                      |
| Flashing of parapets: junctions and penetration  |   |   |                      |
| skylight details and flashings   |   |   |                      |
| roof spouting, downpipe, solar panel fixings   |   |   |                      |
| <b>E3: Internal Moisture</b>   | <input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable   |   |                      |
| wall and floor impervious lining   | <input type="checkbox"/> E3/AS1<br><input type="checkbox"/> AS/NZS 3500.2<br><input type="checkbox"/> Other [specify] |   |                      |
| wet area membrane  |   |   |                      |
| bath or shower junction details  |   |   |                      |
| floor overflow control for sanitary rooms such as bathroom, toilet, kitchen – only required for more than one unit |   |   |                      |

## F1-F9: Safety of Users

| Elements  | Means of compliance   | Reference on drawings, specifications and/or comments | For Council use only |
|---|---|---|----------------------|
| <b>F1: Hazardous Agents Onsite</b>  | <input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable                                     |   | <b>Notes:</b>        |
| contaminated site   | <input type="checkbox"/> F1/VM1<br><input type="checkbox"/> Other [specify]                                     |   |                      |
| <b>F2: Hazardous Building Materials</b>   | <input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable                                     |   |                      |
| glass barriers, windows, doors, screens, mould, asbestos etc                                  | <input type="checkbox"/> F2/VM1 <input type="checkbox"/> NZS 4223.3<br><input type="checkbox"/> Other [specify] |   |                      |
| bathroom windows  |   |   |                      |
| <b>F3: Hazardous Substances and Processes</b>   | <input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable                                     |   |                      |
| hazardous substances and processes  | <input type="checkbox"/> F3/VM1<br><input type="checkbox"/> Other [specify]                                     |   |                      |
| <b>F4: Safety from Falling</b>  | <input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable                                     |   |                      |
| minimum height for internal and external barriers and barrier opening sizes (ie no toe holds) | <input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act<br><input type="checkbox"/> Other [specify]    |   |                      |

## F1-F9: Safety of Users

| Elements   | Means of compliance  | Reference on drawings, specifications and/or comments | For Council use only |
|--|--|---|----------------------|
| minimum window sill height and window restrictors required if there is potential for fall hazard | <input type="checkbox"/> F4/AS1 <input type="checkbox"/> F4/VM1<br><input type="checkbox"/> Other [specify]    |   |                      |
| <b>F5: Site Safety</b>   | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>                      |   |                      |
| fencing/hoarding/overhead protection   | <input type="checkbox"/> F5/AS1<br><input type="checkbox"/> Other [specify]                                    |   |                      |
| traffic plan   |  |   |                      |
| encroachment/Council approval  |  |   |                      |
| <b>F7: Warning Systems</b>   | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>                      |   |                      |
| smoke detectors  | <input type="checkbox"/> F7/AS1<br><input type="checkbox"/> Other [specify]                                    |   |                      |
| other warning systems specified  |  |   |                      |
| <b>F8 Signs</b>  | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>                      |   |                      |
| signs  | <input type="checkbox"/> F8/VM1 <input type="checkbox"/> F8/AS1<br><input type="checkbox"/> Other [specify]    |   |                      |
| <b>F9 Residential Pools</b>  | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>                      |   |                      |
| pools  | <input type="checkbox"/> F9/AS1<br><input type="checkbox"/> F9/AS2<br><input type="checkbox"/> Other [specify] |   |                      |

## G1-G15: Services and Facilities

| Elements                                    | Means of compliance   | Reference on drawings, specifications and/or comments | For Council use only |
|---|---|---|----------------------|
| <b>G1-G3: Bathroom, Laundry and Kitchen</b> | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>   |   | <b>Notes:</b>        |
| <b>G1: Personal Hygiene</b>                 | <input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other [specify]<br><input type="checkbox"/> G1/VM1   |   |                      |
| <b>G1 For Accessibility</b>                 | <input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other [specify]<br><input type="checkbox"/> G1/VM1   |   |                      |
| <b>G1: Bathroom Fixtures and Layout</b>     | <input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other [specify]<br><input type="checkbox"/> G1/VM1   |   |                      |
| <b>G2: Laundry Fixtures and Layout</b>      | <input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other [specify]  |   |                      |
| <b>G3: Kitchen Fixtures and Layout</b>      | <input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other [specify]  |   |                      |
| <b>G4: Ventilation</b>                      | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>   |   |                      |
| natural ventilation                         | <input type="checkbox"/> G4/AS1<br><input type="checkbox"/> G4/VM1<br><input type="checkbox"/> NZS 4303<br><input type="checkbox"/> AS 1668.2<br><input type="checkbox"/> Other [specify] |   |                      |
| mechanical ventilation                      |   |   |                      |
| conditioned areas (living area) ventilation |   |   |                      |
| ventilation of gas-fired appliances         |   |   |                      |
| <b>G5: Internal Environment</b>             | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>   |   |                      |

## G1-G15: Services and Facilities

| Elements  | Means of compliance  | Reference on drawings, specifications and/or comments | For Council use only |
|---|--|---|----------------------|
| Internal Environment  | <input type="checkbox"/> G5/VM1<br><input type="checkbox"/> G5/AS1<br><input type="checkbox"/> Other [specify]   |   |                      |
| <b>G6: Airborne and Impact Sound</b>  | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>  |   |                      |
| sound transmission class and sound transmission insulation details (vertical and horizontal transfer) including at penetrations (pipes) | <input type="checkbox"/> G6/AS1<br><input type="checkbox"/> G6/VM1<br><input type="checkbox"/> Other [specify]   |   |                      |
| <b>G7-G8: Natural and Artificial Light</b>  | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>  |   |                      |
| <b>G7: Natural Light to Habitable Space</b> (eg glazing greater 10 percent of floor area)   | <input type="checkbox"/> G7/AS1<br><input type="checkbox"/> G7/VM1<br><input type="checkbox"/> NZS 6703  |   |                      |
| <b>G7: Outside Visual Awareness</b>   | <input type="checkbox"/> G8/AS1<br><input type="checkbox"/> G8/VM1   |   |                      |
| <b>G8: Artificial Lighting Details</b>  | <input type="checkbox"/> Other [specify]   |   |                      |
| <b>G9: Electricity</b>  | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>  |   |                      |
| Electricity   | <input type="checkbox"/> G9/VM1<br><input type="checkbox"/> G9/AS1<br><input type="checkbox"/> Other [specify]   |   |                      |
| <b>G10-G11: Piped Services and Gas Used as an Energy Source</b>   | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>  |   |                      |
| <b>G10: Ventilation and Airflow for Gas Appliances</b>  | <input type="checkbox"/> G10/AS1<br><input type="checkbox"/> G11/AS1   |   |                      |
| <b>G10: Specified Gas Appliances Types</b>  | <input type="checkbox"/> NZS 3500.4<br><input type="checkbox"/> NZS 5261   |   |                      |
| <b>G11: Gas Supply Type</b>   | <input type="checkbox"/> Other [specify]   |   |                      |
| <b>G12-G13: Water Supply and Foul Water</b>   | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>  |   |                      |
| <b>G12: Water Supplies: pipe material, type of hot water system</b>   | <input type="checkbox"/> G12/AS1<br><input type="checkbox"/> G12/AS2<br><input type="checkbox"/> AS/NZS 3500.1&4<br><input type="checkbox"/> AS/NZS 3500.5<br><input type="checkbox"/> Other [specify]                                   |   |                      |
| <b>G13: Foul Water: pipe sizing, materials, venting and overflow relief gullies</b>   | <input type="checkbox"/> G13/AS1<br><input type="checkbox"/> G13/AS2<br><input type="checkbox"/> G13/AS3<br><input type="checkbox"/> AS/NZS 3500.2<br><input type="checkbox"/> AS/NZS 3500.5<br><input type="checkbox"/> Other [specify] |   |                      |
| <b>G 14: Industrial Liquid Waste</b>  | <input type="checkbox"/> <b>Not applicable</b> <input type="checkbox"/> <b>Applicable</b>  |   |                      |

## G1-G15: Services and Facilities

| Elements                | Means of compliance  | Reference on drawings, specifications and/or comments | For Council use only |
|-------------------------|--|---|----------------------|
| industrial liquid waste | <input type="checkbox"/> G14/VM1<br><input type="checkbox"/> G14/AS1<br><input type="checkbox"/> Other [specify] |   |                      |
| G 15: Solid Waste       | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Applicable                   |                      |
| solid waste             | <input type="checkbox"/> G15/VM1<br><input type="checkbox"/> G15/AS1<br><input type="checkbox"/> Other [specify] |   |                      |

## H1: Energy Efficiency

| Elements                                    | Means of compliance   | Reference on drawings, specifications and/or comments | For Council use only |
|---|---|---|----------------------|
| H1: Energy Efficiency                       | <input type="checkbox"/> Not applicable   | <input type="checkbox"/> Applicable                   | <b>Notes:</b>        |
| hot water heater and pipe insulation        | <input type="checkbox"/> H1/AS1<br><input type="checkbox"/> H1/VM1  |   |                      |
| insulation: wall, roof, floor, glazing, etc | <input type="checkbox"/> NZS 4218<br><input type="checkbox"/> NZS 4305<br><input type="checkbox"/> ALF design<br><input type="checkbox"/> Other [specify] |   |                      |

## WAIVERS AND/OR MODIFICATIONS

Provide details of any waivers and/or modifications required for any sections of the New Zealand Building Code. Specify parts of the code; supporting documentation must be attached. If not applicable, state n/a.

**PART 5 – COMPLIANCE SCHEDULE** (*Inspection, maintenance and reporting procedures*)

|   |                          |                          |                          |                          |                          |                          |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Do not fill in this section if this application is only for a Project Information Memorandum</b>   |                          |                          |                          |                          |                          |                          |   |  |                            |                          | Yes                      | No                       |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Are there specified systems in the building?<br><i>(If there are no specified systems, move on to part 6.)</i>  |                          |                          |                          |                          |                          |                          |   |  |                            |                          | <input type="checkbox"/> | <input type="checkbox"/> | For Council use only     |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| If existing building, please state the Building Warrant of Fitness No:  |                          |                          |                          |                          |                          |                          |   |  |                            |                          | <b>Notes:</b>            |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Are any specified systems affected by this application?<br><i>(If yes, continue completing this section of the form, if no move on to part 6).</i>  |                          |                          |                          |                          |                          |                          |   |  |                            |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Hazard category:  |                          |                          |                          |                          |                          | Total occupancy numbers: |   |  |                            |                          |                          | <b>Notes:</b>            |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Uses of all or parts of buildings</b> (select all relevant) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%;">CS</td><td style="width: 5%;">CL</td><td style="width: 5%;">CO</td><td style="width: 5%;">CM</td><td style="width: 5%;">SC</td><td style="width: 5%;">SD</td><td style="width: 5%;">SA</td><td style="width: 5%;">SR</td><td style="width: 5%;">SH</td><td style="width: 5%;">WL</td><td style="width: 5%;">WM</td><td style="width: 5%;">WH</td><td style="width: 5%;">WF</td><td style="width: 5%;">IA</td><td style="width: 5%;">ID</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                          |                          |                          |                          |                          |                          |   |  |                            |                          |                          |                          |                          |                          | CS                       | CL | CO | CM | SC | SD | SA | SR | SH | WL | WM | WH | WF | IA | ID | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS  | CL                       | CO                       | CM                       | SC                       | SD                       | SA                       | SR                                      | SH                                       | WL                         | WM                       | WH                       | WF                       | IA                       | ID                       |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/>                 | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>The following systems are existing, being altered, added to, or removed in the course of the building work</b>   |                          | <b>Existing</b>          | <b>New</b>               | <b>Altered</b>           | <b>Added</b>             | <b>Removed</b>           | <b>Inspection performance standards</b> | <b>Maintenance performance standards</b> | <b>Reporting frequency</b> |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 1) Automatic systems for fire suppression (e.g. sprinkler systems)  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 2) 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"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>3) Electromagnetic or automatic doors or windows</b>   |                          |                          |                          |                          |                          |                          |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 3.1 Automatic doors   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 3.2 Access control doors  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 3.3 Interfaced fire or smoke doors or windows   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 4) Emergency lighting systems   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 5) Escape route pressurisation systems  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 6) Riser mains for use by fire services   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 7) Automatic backflow preventers connected to a potable water supply  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>8) Lifts, escalators, travelators or other systems for moving people or goods within buildings</b>   |                          |                          |                          |                          |                          |                          |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 8.1 Passenger-carrying lifts  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 8.2 Service lifts   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 8.3 Escalators and moving walkways  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 9) Mechanical ventilation or air conditioning systems   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 10) Building maintenance units (for providing access to the exterior and interior walls of a building)  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 11) Laboratory fume cupboards   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>12) Audio loops or other assistive listening system</b>  |                          |                          |                          |                          |                          |                          |   |  |                            |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

|  |                          |                          |                          |                          |                          |  |  |  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|
| 12.1 Audio loops   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 12.2 FM radio frequency systems and infrared beam transmission systems                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| <b>13) Smoke control systems</b>   |                          |                          |                          |                          |                          |  |  |  |
| 13.1 Mechanical smoke control  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 13.2 Natural smoke control   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 13.3 Smoke curtains  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| <b>14) Emergency power systems for, or signs relating to, a specified system in 1 to 13 above.</b> |                          |                          |                          |                          |                          |  |  |  |
| 14.1 Emergency power systems   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 14.2 Signs for systems   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| <b>15) Other fire safety systems or features</b>   |                          |                          |                          |                          |                          |  |  |  |
| 15.1 Systems for communicating spoken information intended to facilitate evacuation                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 15.2 Final exits   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 15.3 Fire separations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 15.4 Signs for communicating information intended to facilitate evacuation                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 15.5 Smoke separations   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 16) Cable cars   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |

**Notes:**

**PART 6 – Send to Fire and Emergency New Zealand (FENZ)**

**Yes No**

Is the building of a type defined in the Fire Service Act 1975, section 21A; do any of the following apply? (FENZ review of the plans are generally required for these buildings)

- gatherings of 100 or more people for any purpose
- providing employment facilities for 10 or more people
- providing accommodation for more than five people (other than in three or less household units)
- sorting or processing hazardous substances in quantities exceeding the prescribed minimum amounts
- providing early childhood facilities (other than in a household unit)
- providing nursing, medical or geriatric care (other than in a household unit)
- providing specialist care for persons with disabilities (other than in a household unit)
- providing accommodation for persons under lawful detention (other than persons subject to home detention).

Do any of the following fully apply to the building work proposed? (If so the FENZ review may not be required even if the building is of a type defined in the Fire Service Act 1975, Section 21A)

Household units separated vertically from other fire cells, each with independent and direct egress to a safe place outside the building

Outbuilding or ancillary building

**PART 6 – Send to Fire and Emergency New Zealand (FENZ)****Yes****No**

New building fully complying with compliance document for clauses C1-4, D1, F6 and F8

Internal fit-out, alteration, change of use or subdivision of a building with only \*'minor effect' on the fire safety systems.

\* a working definition of a 'minor effect': is that it does not impact on the effectiveness of a sprinkler system or any other specified fire safety system that would require a change to the compliance schedule.

**FENZ PROCESSING (COUNCIL USE ONLY)**Additional copy of plans need to be sent to FENZ?  Yes  No

Building Officer name: