

BOND APPLICATION FORM

Email this completed application form to development.engineers@kapiticoast.govt.nz, or post to:

Development Control Team Leader
Kapiti Coast District Council
Private Bag 60601
Paraparaumu 5254

APPLICANT DETAILS

Full name:

Agent / surveyor name:

Contact phone number:

Mobile:

APPLICATION DETAILS

Resource Consent number:

Stage (if applicable):

Site address:

Legal description:

CONDITIONS TO BE BONDED

Condition numbers:

Reason for a bonding (please specify e.g. vested asset maintenance, incomplete works etc.):

BOND TYPE

Please tick the relevant box: Cash Bank guarantee

Please specify bank details:

REQUESTED BOND TERM

Please specify the requested bond terms:

Months

CALCULATION OF BOND

Bond amount proposed: \$

150% contingency: \$

Total bond amount proposed: \$

Calculation details (please specify or attach supporting calculations/costings):

CHECKLIST

The following documents have been attached to this application:

- A copy of the Land Title Plan for the approved subdivision.
- Two detailed quotes for the works proposed to be bonded, provided by a contractor acceptable to Council (an estimate or an amount proposed by the customer will not be acceptable).
- Bank guarantee bond requests require written confirmation from the bank that it has agreed to guarantee the bond (if required).
- Processing fee – an administration fee to process the bond must be paid to the Kapiti Coast District Council at lodgement of this application. Please refer to Council's fees and charges schedule.

SIGNATURE

By or on behalf of the applicant:

Applicant's signature (to be signed by the applicant or agent):

Applicant's / agent's name (please print):

TO BE COMPLETED BY DEVELOPMENT CONTROL TEAM LEADER

Term: months Total amount: \$

Additional details / instructions:

Approved by: Development Control Team Leader

Date:

Date Received:

Processing Officer: