REQUEST FOR WORK START EXTENSION   
TO BUILDING CONSENT

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| Send or deliver your application to: Building Consents Kāpiti Coast District Council  Private Bag 60601, Paraparaumu 5254 175 Rimu Road, Paraparaumu 5032  Toll Free: 0800 486 486 | **COUNCIL USE ONLY**  Received by:  Date:  Payment Amount:  Receipt No:  (attach a copy) |
|  |  |
| **THE BUILDING CONSENT** | |
| Building Consent Number: | |
| Building street address: | |

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| **REQUEST FOR EXTENSION** |
| **I request that you issue an extension to the lapse date, and agree to extend the 24 month decision to issue CCC by 24 months, on the above building consent for the following reasons:**  *(Please note: The maximum time when considering extensions is 12 months)* |
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| Requested time extension: |
| Postal address if different from building site location: |
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| **SIGNATURES** | |
| Name: |  |
| Signature: |  |
| Date: |  |

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| **EXTENSION FEE** |
| Please return this completed request together with the required fee of $117 to a Kāpiti Coast District Council Service Centre  Or  Pay by electronic transfer to (Council Bank Account Number: 03-0732-0306101-00) and quote the building consent number and property address in the reference fields |

**(NB: Notification of decision will be confirmed in writing)**

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| **OFFICE USE ONLY** | |
| Invoiced  Invoice Number: | |
| **Building Inspections Team Leader** | |
| Work Start Extension Granted  *Section 52* | |
| **or** Extension Declined | |
| Record reason for decision: | |
|  | |
| **Authorised by:** | |
| Name: |  |
| Signature: |  |
| Date: |  |
|  |  |
|  | Response letter completed |
|  | Letter, invoice & receipt sent to customer |
|  |  |
| Name: |  |
| Date: |  |