

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: <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? If yes, show Licensed Building Practitioner(s) details on page 3 and provide certificate(s) of design work <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: <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 (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

CONTACTS (provide all details including licensed building practitioner information where relevant)

Designer or Architect	Business/name:				
Address:					
Email:		Mobile:		Landline:	
LBP or registration number/qualification:				Licensing class:	
Structural Engineer	Business/name:				
Address:					
Email:		Mobile:		Landline:	
LBP or registration number/qualification:				Licensing class:	
Fire Safety Designer	Business/name:				
Address:					
Email:		Mobile:		Landline:	
LBP or registration number/qualification:				Licensing class:	
Head Contractor / Site Manager	Business/name:				
Address:					
Email:		Mobile:		Landline:	
LBP or registration number/qualification:				Licensing class:	
Builder	Business/name:				
Address:					
Email:		Mobile:		Landline:	
LBP or registration number/qualification:				Licensing class:	
Plumber	Business/name:				
Address:					
Email:		Mobile:		Landline:	
LBP/Certifying Plumber/qualification:				Licensing class:	
Drainlayer	Business/name:				
Address:					
Email:		Mobile:		Landline:	
LBP/Certifying Drainlayer/qualification:				Licensing class:	

Other (<i>Attach additional page if required</i>)			
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 (<i>on behalf of, and with the authority of, the owner</i>)	
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 (<i>if any</i>). 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 (<i>including goods and services tax</i>) [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 (NZVD 2016) shown on plans?			Notes
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"/>		State which drawings show how the proposed design will mitigate natural or created hazards.	
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 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. (Includes plans, specifications, calculations and producer statements.)

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
B1: Foundations	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		Notes:
foundation size	<input type="checkbox"/> Specific engineering design <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 4229 <input type="checkbox"/> Other (Specify)		
reinforcing			
foundation/footings for retaining walls			
B1: Slab	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
layout dimensions	<input type="checkbox"/> Specific engineering design <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 4229 <input type="checkbox"/> Other (Specify)		
thickness			
reinforcing			
slab thickening/point loads			
fixing/connections			
B1: Timber Sub-floor and Floor	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
pile details including bracing	<input type="checkbox"/> Specific engineering design <input type="checkbox"/> NZS 3604 <input type="checkbox"/> Other (Specify)		
bearers and joist details including support/blocking details			
flooring material and floor height above ground			
fixing/connection			
B1: Walls	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
wall type, height, centres, member sizes and bracing	<input type="checkbox"/> Specific engineering design <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 4210 <input type="checkbox"/> NZS 4229 <input type="checkbox"/> NZS 4230 <input type="checkbox"/> Other (Specify)		
window and door framing details including lintels			
fixing/connection			
B1: Roof			<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable
layout/trusses including member centres sizes and bracing	<input type="checkbox"/> Specific engineering design <input type="checkbox"/> NZS 3604 <input type="checkbox"/> Other (Specify)		
purlin/batten centres and sizes			
beams centres and sizes			
fixing/connection			
B1: Barrier Fixings	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
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
B2: Durability	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Applicable	Notes:
concrete/masonry	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS 3101 <input type="checkbox"/> NZS 3404 <input type="checkbox"/> NZS 3602 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 4229 <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
C1-C6	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Applicable	Notes:
	<input type="checkbox"/> C/AS1: SH <input type="checkbox"/> C/AS2: SM, SI, CA, WB, WS <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
D1: Access Routes	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Applicable	Notes:
slip resistance	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> AS/2890.1 <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			
D2: Mechanical Installations for Access	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Applicable	
lift	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> NZS 5279 <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
E1: Site Drainage (surface water)	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Applicable	Notes:
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 <input type="checkbox"/> E1/VM1 <input type="checkbox"/> AS/NZS 3500.3 <input type="checkbox"/> AS/NZS 3500.5 <input type="checkbox"/> Other [specify]		
surface water and field drains to silt sumps			
E1: Roof Water Dispersal (surface water)	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Applicable	
internal/external gutter including rainwater head, scupper opening details	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> E1/VM1 <input type="checkbox"/> AS/NZS 3500.3 <input type="checkbox"/> AS/NZS 3500.5 <input type="checkbox"/> Other [specify]		
roof and deck catchment area, pitch (roof and/or deck) including downpipe size and number			
E2: Floor (external moisture)	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Applicable	
floor height above ground			
damp-proof membrane	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Other [specify]		
deck threshold with door details			
E2: Decks and Balconies (external moisture)	<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 <input type="checkbox"/> Other [specify]		
balustrade detail of flashing, capping, junctions and penetration			
E2: Walls (external moisture)	<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 <input type="checkbox"/> Other [specify]		
cladding clearances between floor level, ground level and/or membrane deck level			
tanking/damp proof membrane to retaining wall			
E2: Roof (external moisture)	<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 <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			
E3: Internal Moisture	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
wall and floor impervious lining	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> AS/NZS 3500.2 <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
F1: Hazardous Agents Onsite	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		Notes:
contaminated site	<input type="checkbox"/> F1/VM1 <input type="checkbox"/> Other [specify]		
F2: Hazardous Building Materials	<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 <input type="checkbox"/> Other [specify]		
bathroom windows			
F3: Hazardous Substances and Processes	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
hazardous substances and processes	<input type="checkbox"/> F3/VM1 <input type="checkbox"/> Other [specify]		
F4: Safety from Falling	<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 <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 <input type="checkbox"/> Other [specify]		
F5: Site Safety	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
fencing/hoarding/overhead protection	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other [specify]		
traffic plan			
encroachment/Council approval			
F7: Warning Systems	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
smoke detectors	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> Other [specify]		
other warning systems specified			
F8 Signs	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
signs	<input type="checkbox"/> F8/VM1 <input type="checkbox"/> F8/AS1 <input type="checkbox"/> Other [specify]		
F9 Residential Pools	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
pools	<input type="checkbox"/> F9/AS1 <input type="checkbox"/> F9/AS2 <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
G1-G3: Bathroom, Laundry and Kitchen	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		Notes:
G1: Personal Hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other [specify] <input type="checkbox"/> G1/VM1		
G1 For Accessibility	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other [specify] <input type="checkbox"/> G1/VM1		
G1: Bathroom Fixtures and Layout	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other [specify] <input type="checkbox"/> G1/VM1		
G2: Laundry Fixtures and Layout	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other [specify]		
G3: Kitchen Fixtures and Layout	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other [specify]		
G4: Ventilation	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		
natural ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> G4/VM1 <input type="checkbox"/> NZS 4303 <input type="checkbox"/> AS 1668.2 <input type="checkbox"/> Other [specify]		
mechanical ventilation			
conditioned areas (living area) ventilation			
ventilation of gas-fired appliances			
G5: Internal Environment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Applicable		

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

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 <input type="checkbox"/> G14/AS1 <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 <input type="checkbox"/> G15/AS1 <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	Notes:
hot water heater and pipe insulation	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> H1/VM1		
insulation: wall, roof, floor, glazing, etc	<input type="checkbox"/> NZS 4218 <input type="checkbox"/> NZS 4305 <input type="checkbox"/> ALF design <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*)

Do not fill in this section if this application is only for a Project Information Memorandum											Yes	No		
Are there specified systems in the building? <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:											Notes:			
Are any specified systems affected by this application? <i>(If yes, continue completing this section of the form, if no move on to part 6).</i>														<input type="checkbox"/>
Hazard category:						Total occupancy numbers:					Notes:			
Uses of all or parts of buildings (select all relevant)														
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"/>
The following systems are existing, being altered, added to, or removed in the course of the building work		Existing	New	Altered	Added	Removed	Inspection performance standards	Maintenance performance standards	Reporting frequency					
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"/>								
3) Electromagnetic or automatic doors or windows														
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"/>								
8) Lifts, escalators, travelators or other systems for moving people or goods within buildings														
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"/>								
12) Audio loops or other assistive listening system														

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"/>			
13) Smoke control systems								
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"/>			
14) Emergency power systems for, or signs relating to, a specified system in 1 to 13 above.								
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"/>			
15) Other fire safety systems or features								
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:

CHECKSHEET: SINGLE RESIDENTIAL DWELLING AND ACCESSORY BUILDING

Including single stand-alone dwellings, dwelling additions and/or alterations, re-piling, garages, decks, gazebos, sheds, retaining walls etc.

Kapiti Coast District Council,
175 Rimu Road, Paraparaumu 5032
Private Bag 60601, Paraparaumu 5254
For enquiries, phone 04 296 4700 or 0800 486 486

Address of Project: _____

This checklist shows you the information that has to be supplied with your building consent application. Please attach **1 copy** of the following information with your completed Building Consent Application Form.

Please tick relevant box in the Customer Use column as you attach the information. If the box is not relevant to your application, write N/A across the box. Please check each section carefully and complete those sections that are relevant to your project.

Once you have attached all the required information, please check for completeness as an incomplete application or lack of any supporting information **will mean that your application cannot be accepted for processing.**

An Application Form is attached to this checklist — Please include this checklist with your application.

Customer Use	1	GENERAL Complete this section for <u>all applications</u>	For Office Use Only
<input type="checkbox"/>	a	Building Consent Application Form Completed and signed by the owner or by an agent on behalf of the owner	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	b	Proof of Ownership One recent copy of current Record/s of Title (not older than 3 months) AND where applicable one copy of purchase agreement (if recently purchased) or one copy of relevant portions of current lease.	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	c	Locality Plan (1:500) showing: Physical location of the subject building in relation to streets or landmarks, north point, name of building and lot and DP number.	<input type="checkbox"/>
<input type="checkbox"/>	d	Restricted Building Work Does the application involved restricted building work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide certificate(s) of design work and advise Council of your Licensed Building Practitioner(s)	<input type="checkbox"/>
<input type="checkbox"/>	e	Inspections and Monitoring Details of proposed inspection regime including monitoring by council officers and other professionals e.g. architects, engineers, surveyors and certification to be supplied on completion.	<input type="checkbox"/>
<input type="checkbox"/>	f	Site Plan (1:100) showing: Dimensions of all boundaries, north point, finished floor levels (NZVD 2016), site area, street name and number, lot and DP number, outline of building, distance to boundaries and the position of swimming or spa pools, ground contours (extended to boundaries) and/or levels and designated wind zone of the site (e.g. specific design, very high, high, medium or low). In addition, if a site is identified as being subject to flooding, ponding, on an overflow path, river or stream corridor, or other natural hazards, indicate on plans proposed design will mitigate natural or created hazards. Additional information is available on these sites by request from Kapiti Coast District Council. GIS is checked	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	g	Application Fee Applications will not be accepted without payment of the appropriate fees. Fees payable are set out in the published fee schedule of the council that has jurisdiction over the project site.	<input type="checkbox"/>

2		CHANGE OF USE	
Complete for all existing buildings where the proposal involves forming a household unit where one did not exist before Example: the conversion of a garage or shed into a residential unit			
<input type="checkbox"/>	a	Assessment of the Building for Compliance with the Building Code Section 115(a) of the Building Act 2004 requires that the building, in its new use, complies fully with all clauses of the Building Code.	<input type="checkbox"/>
<input type="checkbox"/>	b	Reasonably Practicable The above assessment must relate to all building code clauses. If the proposal is for the project to meet anything less than full compliance with any clauses, your application must clearly state your reasoning, with supporting documentation, and show how you will meet the highest level of compliance that can be considered reasonably practicable.	<input type="checkbox"/>
3		FOUNDATIONS / FLOOR	
Complete for all new buildings, for existing buildings where the footprint of the building will change or where an additional storey is being added			
<input type="checkbox"/>	a	Foundation Plan (1:100 / 1:50) showing: <ul style="list-style-type: none"> • Dimensions of all new foundations • Sub-floor, including bracing • Footing details • If a concrete slab, show basic details including reinforcing and contractions joints • Piles and footing • If the addition is an upper storey show details on upgrading existing foundations, joints, piles etc • Indicate ventilation to sub floor spaces 	<input type="checkbox"/>
<input type="checkbox"/>	b	Subfloor Bracing Provide subfloor bracing plan and calculations for all piled structures. Where the structure is specifically engineered, this should be included with the structural calculations. Subfloor bracing plan and calculations are required where an additional storey is to be added	<input type="checkbox"/>
4		CONSTRUCTION	
Complete for all new structures or alterations to existing structures			
<input type="checkbox"/>	a	Existing Floor Plan (1:100 / 1:50) showing: (For additions and alterations only) <ul style="list-style-type: none"> • Complete layout of all levels of building • All designated spaces • All removals • Sanitary fixtures • Smoke detectors 	<input type="checkbox"/>
<input type="checkbox"/>	b	Proposed Floor Plans (1:100 / 1:50) showing: <ul style="list-style-type: none"> • Complete layout of all levels of building • Room dimensions • Location of partitions • All designated spaces • All floors (new or altered) • Location of sanitary fixtures • Stairs, barriers, handrails, floor joists and beams • Floor joist layout for each level with timber floors • Smoke detectors • Note where wall will form part of the swimming pool fence 	<input type="checkbox"/>
<input type="checkbox"/>	c	Pre-nail Truss and Frames <ul style="list-style-type: none"> • Specific design wall framing requires clarification • Truss layout must be supported by design certification and design of fixing details, including consideration of load paths to ground • Lintels carrying point loads, such as from girder trusses, require specific engineering design 	<input type="checkbox"/>

<input type="checkbox"/>	d	Wall Bracing Plan (1:100 / 1:50) showing: <ul style="list-style-type: none"> Bracing details and calculations for wall bracing (also required for existing lower storeys where an additional storey is being added) Sub-floor bracing for decks projecting more than 2m from the house Location, type and number of bracing elements to indicate compliance with NZS 3604:2011 (include calculations) If the bracing was specifically designed by a structural engineer, provide calculations (required for specific design wind zones and lateral distribution of upper floor loads where lower storey bracing is provided in walls beyond the upper storey footprint) 	<input type="checkbox"/>
<input type="checkbox"/>	e	Sections and Details (1:50 / 1:20 / 1:10) showing: <ul style="list-style-type: none"> Foundation details involving reinforcing and connections Stairs, handrails, decks and decking Insulation systems and materials to floors, walls and roof Barriers providing safety from falling. Specific engineering design required where detail does not comply with NZBC B1/AS2 Framing sizes, beams, lintels Roof cladding, eaves, fascias, gutters Flashings to openings Fire rated systems on all walls – closer than 1 metre to boundary Stud heights of rooms and total height from lowest ground floor level to top of ridge Window and door installation details Retaining wall details e.g. type, height of retained ground, relationship to boundary, waterproof membrane and proposed drainage 	<input type="checkbox"/>
<input type="checkbox"/>	f	Fire Report For domestic dwellings of 4 storeys or more, or buildings providing more than one household unit	<input type="checkbox"/>
5		EXTERNAL	
		Complete for new buildings or existing buildings with alternations to the external shell	
<input type="checkbox"/>	a	Elevations (1:100 / 1:50) showing: Accurate lines from boundary to boundary on each elevation, relevant District Plan daylight control lines, the maximum height on each elevation, location of door and window openings, fixed and opening sashes, sill heights, finished floor levels (NZVD 2016), floor levels in relation to ground levels, exterior cladding nominated to all elevations, down pipes and spouting, ventilators to sub-floor area (suspended floors only)	<input type="checkbox"/>
<input type="checkbox"/>	b	Risk Assessment (<i>Risk matrix in E2/AS1 may be used for buildings within scope</i>) Consider exposure, design and detailing to support appropriate selection of cladding	<input type="checkbox"/>
<input type="checkbox"/>	c	Cladding Details (1:50 / 1:20 / 1:10) Provide details around all penetrations, joinery and other junctions at a level appropriate to the level of risk e.g. roof/wall, balcony/wall, junction of different types of cladding, back flashing details for cavity systems	<input type="checkbox"/>
<input type="checkbox"/>	d	Production Certification Supply copies of product certificates relied on as compliance documents	<input type="checkbox"/>
<input type="checkbox"/>	e	Alternative Solutions If the proposal uses products or systems that are not covered in the Acceptable Solutions of clause E2 of the Building Code provide supporting current information including test results (fully signed reports), case studies, expert opinion (including evidence of experience/qualification, basis for forming opinion and statement of independence) etc to demonstrate compliance	<input type="checkbox"/>
6		SERVICES	
		Complete for all projects with new installations or alteration of plumbing or drainage services	
<input type="checkbox"/>	a	Plumbing and Drainage Plan 1:100 / 1:50) showing: <i>Note: if you have supplied drainage details for surface water disposal on the site plan, no drainage plan is required.</i> <ul style="list-style-type: none"> Sizes of pipe work and drains Fixtures and fittings, hot water system(s) If the building is more than one storey with sanitary fittings on upper floors, provide an isometric layout showing wastes, pipes and falls Drainage layout with inspection bends and junctions indicated for both sewer and stormwater Any other drainage on site including council mains and retaining wall field drains Ventilation of sanitary rooms Calculations for sizing of down pipes 	<input type="checkbox"/>

		<ul style="list-style-type: none"> Gully traps including overflow relief gullies 	
	7	<p align="center">STRUCTURAL</p> <p align="center">Complete for all projects incorporating specific structural design</p>	
<input type="checkbox"/>	a	<p>Structural Calculations</p> <p>If any design work required the services of a structural engineer, attach a copy of the calculations with this. The calculations must be prefaced with information explaining the design philosophy and justification of assumptions and methodologies used in analysis</p>	<input type="checkbox"/>
<input type="checkbox"/>	b	<p>Expert Opinion (Producer Statements)</p> <p>If this application for consent relies on any expert opinion including Producer Statements certifying compliance with the New Zealand Building Code, a copy must be attached with this application. (Note all structural Producer Statements are required to have accompanying calculations.)</p>	<input type="checkbox"/>
	8	<p align="center">SPECIFICATIONS</p> <p align="center">Complete for all applications</p>	
<p align="center"><i>Note: the specification must be specific to the project and cover all aspects of the proposed work</i></p>			
<input type="checkbox"/>	a	<p>Specification: General</p> <ul style="list-style-type: none"> Elements of structure (size, spacing, timber treatment) Finish or fixings to meet durability requirements Plumbing and drainage materials and design that installation is to comply with Wet area surfaces Ventilation systems Flooring slip resistance for access routes Glazing Type of smoke detectors (including existing smoke detectors where they will remain) 	<input type="checkbox"/>
<input type="checkbox"/>	b	<p>External Claddings</p> <p>For each of the following claddings provide details of the product name, manufacturer, maintenance requirements and warranties offered</p> <ul style="list-style-type: none"> Building wraps Wall claddings Roof claddings Membranes (roof and decks) Tanking Joinery 	<input type="checkbox"/>
	9	<p align="center">DEMOLITION / REMOVAL</p> <p align="center">Complete for all projects involving demolition of significant parts of buildings or the demolition or removal of whole buildings</p>	
<input type="checkbox"/>	a	<p>Means of Barricading the Site</p> <p>Provide details of temporary barriers, gates which swing inwards or other means of restricting public access to the area</p>	<input type="checkbox"/>
<input type="checkbox"/>	b	<p>Proposed Tipping Location for Demolition Materials (address/landfill)</p>	<input type="checkbox"/>
<input type="checkbox"/>	c	<p>Hazardous Building Material</p> <p>Provide safety plan detailing the safe handling and disposal of hazardous materials</p>	<input type="checkbox"/>
<input type="checkbox"/>	d	<p>Site Management Plan Covering</p> <p>Management to control silt runoff, noise and dust</p>	<input type="checkbox"/>
<input type="checkbox"/>	e	<p>Proposed Destination for Relocate Building</p>	<input type="checkbox"/>
<input type="checkbox"/>	f	<p>Access To and From the Site (including use of kerb crossings)</p>	<input type="checkbox"/>
<input type="checkbox"/>	g	<p>Specify Termination of Existing Services</p> <ul style="list-style-type: none"> Water Sewer Stormwater 	<input type="checkbox"/>
<input type="checkbox"/>	h	<p>Details About the Building such as:</p> <p>Number of storeys, type of materials the building is constructed from (Photographs of the building would be useful)</p>	<input type="checkbox"/>

	<p>Note: You will need to contact the relevant service authorities specified below to advise them of the extent of your work:</p> <ul style="list-style-type: none"> • electricity, • gas, • drainage, • water, • transport, • telecommunications, • cable television, or • any other services that may be affected. <p>Transportation of Relocated Building You will be required to contact and provide details to Councils Transportation and Traffic Department.</p>	
10	OTHER APPROVALS	
	Please check Territorial Authority regarding the requirement for other approvals required and fees payable	
	<p>These may include:</p> <ul style="list-style-type: none"> • Consents under the Resource Management Act • Approvals under bylaws including earthworks, vehicle crossings, road openings and water connections. • Show the location of swimming or spa pools on the property and describe how compliance with the Building Act will be achieved. 	

Attached	
The following documents are attached to the application:	
<input type="checkbox"/>	Plans and specifications
<input type="checkbox"/>	Alternative plans and specifications (if the applicant wants to obtain pre-approval for possible product substitutions)
<input type="checkbox"/>	Current product certificate(s)
<input type="checkbox"/>	Alternative current product certificate(s) (if the applicant wants to obtain pre-approval for possible product substitutions)
<input type="checkbox"/>	Current manufacturer's certificate(s) referred to in section 45(1)(bb) of the Act
<input type="checkbox"/>	Current manufacturer's certificate(s) referred to in section 45(1)(bc) of the Act
<input type="checkbox"/>	Memoranda from Licensed Building Practitioners who carried out or supervised any design work that is restricted building work
<input type="checkbox"/>	Project information memorandum
<input type="checkbox"/>	Certificate attached to project information memorandum
<input type="checkbox"/>	Proof of ownership
<input type="checkbox"/>	Waivers and/or modifications supporting documentation

The issue of a building consent does not relieve the owner of any duty or responsibility under any other Act.

CHECKSHEET: SIGNS

Kapiti Coast District Council,
175 Rimu Road, Paraparaumu 5032
Private Bag 60601, Paraparaumu 5254
For enquiries, phone 04 296 4700

Address of Project: _____

Use this check sheet to assist you in lodging a complete application and to avoid delays in processing.

Please attach **1 copy** of the following information and a second copy of plans and proof of ownership with your completed application form.

Tick each box which is relevant and ensure you attach the information. If the box is not relevant, please write **N/A** across the box.

Customer Use			For Office Use Only
<input type="checkbox"/>	a	Application form (Minor Works) Completed and signed by the owner or by an agent on behalf of the owner.	<input type="checkbox"/>
<input type="checkbox"/>	b	Proof of ownership One recent copy of current Record/s of Title (i.e. not older than 3 months) or where applicable one copy of purchase agreement (if recently purchased) or one copy of relevant portions of current lease.	<input type="checkbox"/>
<input type="checkbox"/>	c	Application fee Applications will not be accepted without payment of the appropriate fees. Fees payable are set out on Council's website: Building consent fees - Kāpiti Coast District Council (kapiticoast.govt.nz) .	<input type="checkbox"/>
<input type="checkbox"/>	d	Locality plan (1:500) showing: Physical location of the site in relation to streets or landmarks, north point, name of building and lot.	<input type="checkbox"/>
<input type="checkbox"/>	e	Site plan (1:100) showing: Dimensions of all boundaries, north point, finished floor levels (NZVD 2016), ground contours (extend to boundaries) / levels, site area, site coverage, street name and number, lot and DP number, outline of building, area of building, distances to boundaries.	<input type="checkbox"/>
<input type="checkbox"/>	f	Site: • public property • private property	<input type="checkbox"/>
<input type="checkbox"/>	g	Details of sign • under veranda • horizontal • projecting • vertical • flashing • free standing • sky sign	<input type="checkbox"/>
<input type="checkbox"/>	h	Construction How sign is constructed, the framework, dimensions, connection (how sign is fixed and what sign is fixed to. Details must be drawn to scale, freehand is not acceptable.)	<input type="checkbox"/>
<input type="checkbox"/>	i	Structural calculations	<input type="checkbox"/>
<input type="checkbox"/>	j	Height Above pavement level (minimum height 2.5m to base of sign)	<input type="checkbox"/>
<input type="checkbox"/>	k	Distance From existing signs (minimum distance 2.4m)	<input type="checkbox"/>

Attached

The following documents are attached to the application:

- Plans and specifications
- Alternative plans and specifications (if the applicant wants to obtain pre-approval for possible product substitutions)
- Current product certificate(s)
- Alternative current product certificate(s) (if the applicant wants to obtain pre-approval for possible product substitutions)
- Current manufacturer's certificate(s) referred to in section 45(1)(bb) of the Act
- Current manufacturer's certificate(s) referred to in section 45(1)(bc) of the Act
- Memoranda from Licensed Building Practitioners who carried out or supervised any design work that is restricted building work
- Project information memorandum
- Certificate attached to project information memorandum
- Proof of ownership
- Waivers and/or modifications supporting documentation

CHECKSHEET: TEMPORARY BUILDINGS

Including Marquees, stages over 1m in height, grandstand seating etc.

Kapiti Coast District Council,
175 Rimu Road, Paraparaumu 5032
Private Bag 60601, Paraparaumu 5254
For enquiries, phone 04 296 4700 or 0800486 486

Address of Project: _____

Use this check sheet to assist you in lodging a complete application and to avoid delays in processing.
Please attach **1 copy** of the following information with your completed application form.
Tick each box which is relevant and ensure you attach the information. If the box is not relevant, please write **N/A** across the box.

Customer Use			For Office Use Only
<input type="checkbox"/>	a	Application form Completed and signed by the owner or by an agent on behalf of the owner.	<input type="checkbox"/>
<input type="checkbox"/>	b	Proof of ownership One recent copy of <u>current</u> Record/s of Title (i.e. not older than 3 months) AND where applicable one copy of purchase agreement (if recently purchased) or one copy of relevant portions of current lease.	<input type="checkbox"/>
<input type="checkbox"/>	c	Application fee Applications will not be accepted without payment of the appropriate fees. Fees payable can be found on Council's website Building consent fees - Kāpiti Coast District Council (kapiticoast.govt.nz) .	<input type="checkbox"/>
<input type="checkbox"/>	d	Site and Locality plan (1:500): Including security fences and any existing buildings.	<input type="checkbox"/>
<input type="checkbox"/>	e	Sanitary Facilities: <ul style="list-style-type: none"> • Number, location and allocation to sexes. • Facility for disabled person (public use). 	<input type="checkbox"/>
<input type="checkbox"/>	f	Scaled floor plan indicating: <ul style="list-style-type: none"> • Furniture layout/number of seats/bar facilities. • Number and widths of exitways. • Position of safety barriers. 	<input type="checkbox"/>
<input type="checkbox"/>	g	Fire Report <ul style="list-style-type: none"> • Evidence of fabric standard test for flammability. • Alerting devices (where occupancy exceeds 50 persons). • Emergency lighting (night time uses). • Impact of adjacent existing buildings. • Egress paths lengths. 	<input type="checkbox"/>
<input type="checkbox"/>	h	Structure - method of compliance <ul style="list-style-type: none"> • NZS 3604 (light timber frame). • Specific design including design specification for wind and fixing details and calculations. • Producer Statement. 	<input type="checkbox"/>
<input type="checkbox"/>	i	Access <ul style="list-style-type: none"> • Aisle width for seating areas. • Stair dimensions and construction. • Handrails to stairs. • Lighting and contrasting nosing to stairs. • Seating accessible to people with disabilities. 	<input type="checkbox"/>
<input type="checkbox"/>	j	Safety from falling <ul style="list-style-type: none"> • Barriers where it's possible to fall 1m or more (not required to front of stages). • Security to restrict public access to light towers etc. 	<input type="checkbox"/>

<input type="checkbox"/>	k	Other authorisation that may be required <ul style="list-style-type: none"> • Land owner approvals (evidence required where applicant is not the owner). • Temporary Food Licence may be required if you are preparing, cooking or serving food. • Special licence may be required for consumption of liquor at an event, where alcohol is sold, or tickets are sold. 	<input type="checkbox"/>
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Attached

The following documents are attached to the application:

- Plans and specifications
- Alternative plans and specifications (if the applicant wants to obtain pre-approval for possible product substitutions)
- Current product certificate(s)
- Alternative current product certificate(s) (if the applicant wants to obtain pre-approval for possible product substitutions)
- Current manufacturer's certificate(s) referred to in section 45(1)(bb) of the Act
- Current manufacturer's certificate(s) referred to in section 45(1)(bc) of the Act
- Memoranda from Licensed Building Practitioners who carried out or supervised any design work that is restricted building work
- Project information memorandum
- Certificate attached to project information memorandum
- Proof of ownership
- Waivers and/or modifications supporting documentation

Marquee - Guidelines

Structure:

- Producer Statement plus calculations to show wind speed (3 second gust) for frames or fabric.
- Base fixing requirements for frames (uplift/shear resistance)
- Guy rope base fixing requirements (uplift/shear) - allow for friction/uplift if using above ground weights.

Fire Safety:

- Ignitibility Index - compliance with Code?
- Number of occupants and plan showing means of escape (including widths and locations) to a safe place
- Emergency exit signs are required over each exit.
- Manual call points are required over each exit.
- Rubbish bins to be over 1m from side walls
- Lighting, shades and bulbs to be 600mm clear of fabric
- Gas or solid fuel cookers or heaters to be over 1.5m from side wall/fabric.
- Electric cookers or heaters to be over 1m from fabric.
- No smoking in venue.
- Fire warden(s) to be present and clearly identifiable.
- Tables, chairs, seats, displays to be arranged to provide clear escape aisles.