

Bond Application form

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| 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 |

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| Applicant DETAILS | |
| Full name: | |
| Agent / surveyor name: | |
| Contact phone number: Mobile: | |
| Application DETAILS | |
| Resource Consent number: | Stage (if applicable): |
| Site address: | |
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| Legal description: | |
| Conditions to be bonded | |
| Condition numbers: | |
| Reason for a bonding (please specify e.g. vested asset maintenance, incomplete works etc.): | |
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| 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): | |
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| 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. |

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| 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): |

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| 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: |