

SOLID FUEL HEATER -
APPLICATION FOR
CODE COMPLIANCE CERTIFICATE

[Form 6, Building (Forms) Regulations 2004]

## Section 92, Building Act 2004

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| Send or deliver your application to:Building Control TeamKapiti Coast District Council, 175 Rimu Road, Paraparaumu 5032Private Bag 60601, Paraparaumu 5254 | Council use only:Application Number:Valuation Number: |
| For enquiries, phone 04 296 4700 or 0800 486 486 |  |

**This application form is only valid for consents relating to solid fuel / woodburners.**

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| THE BUILDING CONSENT |
| Building Consent Number:      |
| Building street address:       |
| Building Consent issued by: | [ ]  Kapiti Coast District Council[ ]  Other *(Please state)*:       |

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| **OWNER** (as defined by the Building Act 2004) |
| Owner’s name: *(Include preferred form of title e.g. Mr, Miss, Dr, if an individual and the contact person’s name if a company, trust or similar)* |
|       |
| Contact person:       |
| 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 *(Only required if details have changed from the building consent application)* |
| [ ]  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 or [ ]  Other document showing full name of legal owner(s) of building. |

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| **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:       |
| **Agent relationship to Owner:** | State details of authorisation from the owner to make the application on the owner’s behalf: |  |
| Signature of owner / agent on behalf of and with authority of the owner: |  |
| Name of person signing: |  |
| Date: |  |
| **First Point of Contact:**for Communications with the Building Consent Authority: |  |

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| **APPLICATION** |
| All building work carried out under the above building consent was completed on or about (date):       |
| **The licensed building practitioner who carried out or supervised the restricted building work is as follows.** *(Add additional sheets if required.)* |
| Particular work carried out or supervised:  | Name of Licensed Building Practitioner | Licensing Class | Licensed Building Practitioner Number(or registration number if treated as being licensed under section 291 of the Act) |
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| Schedule of people who carried out the building work other than restricted building work is as follows: (Please complete all trades applicable to your building consent.) |
| **Fireplace / woodburner installer** | Business/name:       |
| Address:       |
| Registration/qualification:       | Mobile:       | Landline:       |
| Email:       | After hours phone:       | Fax:       |
| Product name:       | Manufacturer:       |
| **Other** *(e.g. certifying plumber)* | Business/name:       |
| Address:       |
| Registration/qualification:       | Mobile:       | Landline:       |
| Email:       | After hours phone:       | Fax:       |
| Product name:       | Manufacturer:       |

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| **COMPLIANCE SCHEDULE – SPECIFIED SYSTEMS** |
| *Tick applicable* |
| [ ]  | There are no specified systems in the building **OR** |
| [ ]  | The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performance standards set out on the building consent. |
| *List specified systems:* |
|       |

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| **CODE COMPLIANCE CERTIFICATE** |
| **I request that you issue a Code Compliance Certificate for this work under section 95 of the Building Act 2004.** |
| The Code Compliance Certificate should be sent to: *(state which address and whether owner or agent)*  |
| Name:       | [ ]  Owner [ ]  Agent |
| Address:       |

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| **SIGNATURES** |
| 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:       |

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| **ATTACHMENTS** |
| The following documents are attached to this application *(tick those applicable)*: |
| [ ]  | Other documents from the personnel who carried out the work |
| [ ]  | Memorandum from licensed building practitioner(s) stating what restricted work they carried out or supervised |
| [ ]  | Certificates that relate to the energy work (i.e. gas, electricity) |
| [ ]  | Evidence that specified systems are capable of performing to the performance standards set out in the building consent. |
| [ ]  | Other - *(specify)* |