

# APPLICATION FOR AMENDMENT TO A BUILDING CONSENT:

[Form 2, Building (Forms) Regulations 2004]

Send or deliver this form to: Kapiti Coast District Council,  
175 Rimu Road, Paraparaumu 5032  
Private Bag 60601, Paraparaumu 5254  
For enquiries, phone 04 296 4700

*Council use only*  
Building Officer:  
Amended Plan # (if required)  
Existing Consent #

**Note: This application must be accompanied by two of the relevant drawings from the issued building consent set and two copies of the documents with the proposed amendments clearly highlighted on both copies.**

| <b>THE BUILDING (Project location)</b>  |  |                          | Yes                      | No                          |
|---|--|--------------------------|--------------------------|-----------------------------|
| Have any of the details below changed from the existing application?  |  |                          | <input type="checkbox"/> | <input type="checkbox"/>    |
| Building name (if applicable):  |  | Existing Consent number: |                          |                             |
| Building street address:  |  |                          |                          |                             |
| Location of building within the site (include nearest street access):   |  |                          |                          |                             |
| 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 (include below ground, ground and above ground):   |  |                          |                          |                             |
| Level/unit number (if applicable):  |  |                          |                          |                             |
| 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 (include number of occupants per level and per use if more than one level):    |  |                          |                          |                             |
| Year first constructed (insert year, an approximate date is acceptable such as 1920's or 1960-1970):  |  |                          |                          |                             |

| <b>THE PROJECT</b>   |  |  | Yes                      | No                       |
|--|--|--|--------------------------|--------------------------|
| Description of amended work [refer to notes overleaf]:                               |  |  |                          |                          |
|  |  |  |                          |                          |
| Estimated value of amendment (including goods and services tax) :                    |  |  | Yes                      | No                       |
| Does the amendment alter the Project Value?  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what is the new value? \$.....   |  |  |                          |                          |
| Are there any amendments to systems for which a compliance schedule has been issued? |  |  | <input type="checkbox"/> | <input type="checkbox"/> |

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Does the amendment include Restricted Building Work?<br>If yes, provide contact details of Building Practitioners. | <input type="checkbox"/> | <input type="checkbox"/> |

**Contacts (provide all details where relevant)**

|  |                |                  |
|--|----------------|------------------|
| <b>Restricted Building Work Practitioner</b> | Business/Name: |                  |
| Address:                                     |                |                  |
| Email:                                       | Mobile:        | Landline:        |
| LBP or registration number/qualification:    |                | Licensing class: |
| <b>Restricted Building Work Practitioner</b> | Business/name: |                  |
| Address:                                     |                |                  |
| Email:                                       | Mobile:        | Landline:        |
| LBP or registration number/qualification:    |                | Licensing class: |

**THE OWNER** (must be completed for all applications and all details must be the owner's)

Yes No

|  |                          |                          |
|--|--------------------------|--------------------------|
| Has the ownership of the property changed since the original consent was applied for?<br><b>If Yes, please provide proof of ownership.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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  |                          |                          |
| Phone (day):   | Mobile:                  | After hours:             |
| Fax:   | Email:                   | Website:                 |
| Proof of ownership – Attach the following as evidence if ownership has changed since the original consent was applied for.   |                          |                          |
| <input type="checkbox"/> Copy of the land title ( <i>Computer register, Record of Title, RT or property title</i> ) – no more than three months old <b>AND</b> where applicable <input type="checkbox"/> Lease or <input type="checkbox"/> 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.           |         |              |
| Relationship to owner (State the details of the owner's authorisation if making this application on the owner's behalf) |         |              |
| Agent's mailing address:  |         |              |
| Street address/registered office:   |         |              |
| Agent's contact details   |         |              |
| Phone (day):  | Mobile: | After hours: |
| Fax:  | Email:  | Website:     |

|   |                                |                                |   |  |                               |
|---|--------------------------------|--------------------------------|---|--|-------------------------------|
| First Point of Contact - mark boxes as appropriate and provide details of any other points of contact<br>(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 |

## APPLICATION

I request that you issue a building consent for the building work described in this application.

|                     |  |    |  |  |
|---------------------|--|----|--|--|
| 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:  |  |

## NOTE TO APPLICANT

This application is to gain consent for minor changes which could arise from on-site problems and re-arrangement of facilities including reductions in the original consent or durability modifications. Proposals will not meet these criteria if they fall outside the space of the original consent or need more than minor changes to existing conditions.

An amended plan may cover:

- A beam that needs to be included due to on-site problems
- Wall construction changes
- Removal or reduction of sanitary fixtures
- Installation of an additional window
- A room that needs to be widened slightly
- Amended plans are accepted at the discretion of Council. A full consent will be required if it becomes apparent that the submitted plans do not meet the above criteria.

## COMPLIANCE SCHEDULE APPLICATION FORM

|                          |  |                          |                          |  |                          |
|--------------------------|--|--------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Is the building operating under a Certificate of Public Use?             |                          |                          |  |                          |
| <input type="checkbox"/> | There are no specified systems in the building <b>OR</b>                 |                          |                          |  |                          |
| <input type="checkbox"/> | The specified systems for the building are indicated below (please tick) |                          |                          |  |                          |
| SS1                      | Automatic systems for fire suppression (for example sprinkler systems)   | <input type="checkbox"/> | SS10                     | Building maintenance units providing access to exterior and interior walls of buildings  | <input type="checkbox"/> |
| SS2                      | Automatic or manual emergency warning systems for fire                   | <input type="checkbox"/> | SS11                     | Laboratory fume cupboards  | <input type="checkbox"/> |
| SS3                      | Electromagnetic or automatic doors or windows                            | <input type="checkbox"/> | SS12                     | Audio Loops or other associated listening systems  | <input type="checkbox"/> |
| SS4                      | Emergency lighting systems   | <input type="checkbox"/> | SS13                     | Smoke control systems  | <input type="checkbox"/> |
| SS5                      | Escape route pressurisation systems                                      | <input type="checkbox"/> | SS14.1<br>SS14.2         | Emergency Power systems for or Signs relating to a specified system in any of specified systems 1-13   | <input type="checkbox"/> |
| SS6                      | Riser mains  | <input type="checkbox"/> | SS15<br>SS15.2<br>SS15.4 | Other fire safety systems or features<br>- Final Exits/Mean of escape from fire<br>- signs for communicating information intended to facilitate evacuation | <input type="checkbox"/> |

|     |  |                          |      |                                    |                          |
|-----|--|--------------------------|------|------------------------------------|--------------------------|
| SS7 | Automatic back-flow preventers connected to a potable water supply                           | <input type="checkbox"/> | CS14 | Safety Barriers                    | <input type="checkbox"/> |
| SS8 | Lifts, escalators, travelators, or other systems for moving people or goods within buildings | <input type="checkbox"/> | CS15 | Access and facilities for disabled | <input type="checkbox"/> |
| SS9 | Mechanical ventilation or air conditioning systems   | <input type="checkbox"/> | CS16 | Fire Hose Reels                    | <input type="checkbox"/> |

The following specified systems are being altered, added to, or removed in the course of the building work.

## COMPLIANCE WITH NEW ZEALAND BUILDING CODE

Refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications.

If not applicable tick N/A.

Tick relevant building code clauses

| N/A                      | Yes                      | Clause |  | Means of Compliance | (circle relevant means of compliance) |                   |                             | Alternative Solutions |
|--------------------------|--------------------------|--------|--|---------------------|---------------------------------------|-------------------|-----------------------------|-----------------------|
|                          |                          |        |  |                     |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | B1     | Structure  | B1/AS2              | NZS 4229                              | NZS 3604          | Specific engineering design |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | B2     | Durability                                       | B2/AS1              | NZS 3604                              | Other [specify]   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | C1-C6  | Protection from fire: SH                         | C/AS1               | Other [specify]                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | C1-C6  | Protection from fire: SM,SI, CA, WB, WS          | C/AS2               | Other [specify]                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | C1-C6  | Verification method                              | C/VM2               | Other [specify]                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | D1     | Access routes                                    | D1/AS1              |                                       | NZS 4121          |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | D2     | Mechanical installations for access              | D2/AS1              | D2/AS2                                |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | E1     | Surface water                                    | E1/AS1              | E1/VM1                                | AS/NZS 3500.3     | AS/NZS 3500.5               |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | E2     | External moisture                                | E2/AS1              |                                       | Specific design   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | E3     | Internal moisture                                | E3/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F1     | Hazardous agents on signs                        | F1/AS1              | F1/VM1                                |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F2     | Hazardous building materials                     | F2/AS1              | F2/VM1                                | NZS 4223.3        |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F3     | Hazardous substances and processes               | F3/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F4     | Safety from falling                              | F4/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F5     | Construction and demolition hazards              | F5/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F6     | Lighting for emergency                           | F6/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F7     | Warning systems                                  | F7/AS1              | AS/NZS 1668                           | NZS 4512          | NZS 4515                    |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F8     | Signs  | F8/AS1              | F8/VM1                                |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | F9     | Residential Pools                                | F9/AS1              | F9/AS2                                |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G1     | Personal Hygiene                                 | G1/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G2     | Laundering                                       | G2/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G3     | Food preparation and prevention of contamination | G3/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G4     | Ventilation                                      | G4/AS1              | AS 1668.2                             | G4/VM1            | NZS 4303                    |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G5     | Interior Environment                             | G5/AS1              |                                       |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G6     | Airborne and impact sound                        | G6/AS1              | G6/VM1                                |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G7     | Natural Light                                    | G7/AS1              | G7/VM1                                |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G8     | Artificial Light                                 | G8/AS1              | G8/VM1                                | NZS 6703          |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G9     | Electricity                                      | G9/AS1              | G9/VM1                                |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G10    | Pipes Services                                   | G10/AS1             | AS/NZS 3500.4                         |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G11    | Gas as an energy source                          | G11/AS1             | NZS 5261                              |                   |                             |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | G12    | Water supplies                                   | G12/AS1             | G12/AS2                               | AS/NZS 3500.1 & 4 | AS/NZS 3500.5               |                       |

|                          |                          |     |                         |         |               |             |          |  |
|--------------------------|--------------------------|-----|-------------------------|---------|---------------|-------------|----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | G13 | Foul water              | G13/AS1 | AS/NZS 3500.2 | AS/NZS 1547 |          |  |
| <input type="checkbox"/> | <input type="checkbox"/> |     |                         | G13/AS2 | G13/AS3       |             |          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | G14 | Industrial Liquid waste | G14/AS1 |               |             |          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | G15 | Solid waste             | G15/AS1 |               |             |          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | H1  | Energy efficiency       | H1/AS1  | NZS 4214      | NZS 4218    | NZS 4243 |  |
| <input type="checkbox"/> | <input type="checkbox"/> |     |                         |         | NZS 4305      |             |          |  |

### 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.

### Attached

The following documents are attached to the application:

Plans and specifications

Memoranda from Licensed Building Practitioners

Proof of ownership if required

Copy of Certificate of Public Use

| Council use only    | Comment | Approving Officer | Date |
|---------------------|---------|-------------------|------|
| Building            |         |                   |      |
| Plumbing & Drainage |         |                   |      |
| Other               |         |                   |      |