

APPLICATION FOR CERTIFICATE OF ACCEPTANCE

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

Application number:

Property ID:

THE BUILDING *(Project location)*

Building name: *(if applicable)*

Building street address:

Location of building within the site: *(include nearest street access)*

Legal description of land where the building is located: *(State legal description as at the date of application. 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)*

THE PROJECT

Description of building work:

Date building work carried out:

Did the building work result in a change of use of the building? (i.e. Commercial, Industrial, Residential) Yes No
If yes, provide details of new use:

Intended life of the building if less than 50 years:

List building consents previously issued for this project (if any): *(List who issued the consent, the date of the issue and the consent number.)*

Estimated value of the building work on which the building levy will be calculated (including GST):

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

Owner's name:

Owner's mailing address:

Street address/registered office:

Owner's contact details:

Phone: (day)	Mobile:	After hours:
Fax:	Email:	Website:

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:

Phone (day):	Mobile:	After hours:
Fax:	Email:	Website:

First point of contact

Owner Agent Other:

SIGNATURES

Signed by the owner	OR	Signed by the agent <i>(on behalf of, or with the authority from, the owner)</i>
Signature:		Signature:
Name:		Name:
Date:		Date:

Personnel who carried out building work (cross out any that are not applicable)

Concreter	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Tanking applicator	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Gasfitter	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Plumber	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Carpenter	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Deck/roof membrane applicator	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Joiner	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Plasterer/textured coater	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Electrician	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:

Drainlayer	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Brick/Block layer	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Roofer	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Concealed fascia installer	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Other (Attach additional page if required)		
Role:	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Plans and Specifications <i>The following plans and specifications are attached to the application:</i>		
<input type="checkbox"/> Specifications <input type="checkbox"/> Calculations <input type="checkbox"/> Plans		
<input type="checkbox"/> Producer Statement <input type="checkbox"/> Other (please specify):		
All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority.		
Reasons why a certificate of acceptance is required		
<input type="checkbox"/> The owner, or the owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: <i>(explain in detail)</i>		
<input type="checkbox"/> A building consent could not practically be obtained in advance because the building work had to be carried out urgently (delete one of the following: (a) for the purposes of saving or protecting life or health or preventing serious damage to property as follows: <i>(explain in detail)</i> (b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: <i>(explain in detail)</i>		
<input type="checkbox"/> The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: <i>(state details of name of building consent authority and the building consent granted)</i>		

Attachments

The following documents are attached to the application:

- Project information memorandum
 Energy work certificate
 Plans and specifications
 Certificate from personnel who supervised the building work
 Certificates from personnel who carried out the building work
 Investigatory Reports

Compliance Schedule *(Delete this section if this is an application for PIM only)*

Tick applicable

- There are no specified systems in the building **OR**
 The following specified systems are existing, being altered, added to, or removed in the course of the building work:

Specified System	Existing	New	Altered	Added	Removed
Cable Car (including to individual dwelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated systems for fire suppression (for example, sprinkler systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riser mains for Fire Service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any automatic back-flow preventer connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of escape from fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency power systems for, or signs relating to, a system or feature specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of access and facilities for use by persons with disabilities which meet the requirements of section 118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held hose reels for fire fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Such signs as are required by the Building Code by section 120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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