

# Application for Plumbing and Drainage Permit

Section 45, Building Act 2004

BCA Consent No:

**08/**

OWNER'S DETAILS		
Applicant:		
Contact person (Agent) (where owner is other than an individual person)		
Mailing Address:		
Phone Numbers:	Daytime:	Mobile:
	After hours:	Facsimile:
PROJECT LOCATION		
Address of proposed work:		
Valuation No: 072 / .	Lot No:	DPS:
PROJECT		
<input type="checkbox"/> Connect to sewer/potable water	<input type="checkbox"/> Renovate bathroom area	
<input type="checkbox"/> Wet area shower	<input type="checkbox"/> Install new toilet/bath/shower/hand basin	
<input type="checkbox"/> Disabled facilities	<input type="checkbox"/> Plumbing and drainage	
<input type="checkbox"/> Alterations to existing systems	<input type="checkbox"/> Install wetback/hot water cylinder	
<input type="checkbox"/> Install solar heating		
<b>Intended Life:</b> <b>years</b>	<b>Value \$</b>	

**PLEASE NOTE:**

- Under Section 45 of the Building Act 2004, the applicant must be the owner of the land on which building work is contemplated or a person who has agreed in writing, whether conditionally or unconditionally, to purchase the land or any leasehold estate or interest in the land, or to take a lease of the land, while the agreement remains in force.
- The information provided in support of this application is public and as such, is freely available on request. However, under Section 45 of the Building Act 2004, you may for security and/or copyright reasons, request that the plans and specifications pertaining to this application be marked as "confidential" by completing the following section.

**CONFIDENTIALITY**

I/We require that my/our plans/specifications be treated as confidential in order to protect:

- The security of the building
- Copyright

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please turn over

FOR COUNCIL USE ONLY		
Application Fee: BLDCON	\$ 56.00	Date Received:
Receipt No:		Issued:

This application is for both building consent and a project information memorandum.

This application is accompanied by:

Floor plan of the building showing proposed location

Specifications (materials)

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Compliance with the appropriate NZBC

KEY PERSONNEL	
Builder:	Name:
	Address:
	Phone/Fax No:
Craftsman Plumber:	Name:
	Address:
	Phone/Fax No:
Registered Drainlayer:	Name:
	Address:
	Phone/Fax No:
Registered Electrician:	Name:
	Address:
	Phone/Fax No:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Agent on behalf of and with  
the authority of the owner

\_\_\_\_\_  
Date

**KAWERAU DISTRICT COUNCIL, PRIVATE BAG, KAWERAU 3169**  
**TELEPHONE: (07) 306 9009 FACSIMILE (07) 323 8072**  
[www.kaweraudc.govt.nz](http://www.kaweraudc.govt.nz)

**KDC BCA forms Version 1 Updated July 2008**

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