

Application No/BC: \_\_\_\_\_

Property ID #: \_\_\_\_\_

## Form 2

# RESIDENTIAL

## APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT Section 33 or 45, Building Act 2004

### 1. THE BUILDING [if item is not applicable put N/A in the space]

Street address of building: \_\_\_\_\_

[If no street address – details of nearest intersection] \_\_\_\_\_

Legal description of land where building is located: Lot \_\_\_\_\_ DP \_\_\_\_\_ Site area: \_\_\_\_\_ m<sup>2</sup>  
Sec \_\_\_\_\_ Block \_\_\_\_\_

Building name: \_\_\_\_\_ Valuation No: \_\_\_\_\_

Location of building within site/block number: [Include nearest street access] \_\_\_\_\_

Number of levels: [Above & below ground] \_\_\_\_\_

Level/Unit No: \_\_\_\_\_ Floor area: \_\_\_\_\_ (sq m) [Indicate area affected by the building work] Current, lawfully established, use: \_\_\_\_\_ Year First Constructed: \_\_\_\_\_ [Add no. of occupants per level and per use if more than 1] \_\_\_\_\_

### 2. OWNER

Name of Owner: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street address/registered office: \_\_\_\_\_

Phone No: \_\_\_\_\_ Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_ Daytime: \_\_\_\_\_

After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Website \_\_\_\_\_

#### THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED:

Certificate of Title  Lease Agreement

Agreement for Sale and Purchase  Other document

### 3. AGENT [Only required if application is being made on behalf of the owner]

Name of Agent: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street address/registered office: \_\_\_\_\_

Phone No: \_\_\_\_\_ Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_ Daytime: \_\_\_\_\_

After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Website \_\_\_\_\_

Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf] \_\_\_\_\_

#### FIRST POINT OF CONTACT [Mark boxes as appropriate]

Further information  Agent  Owner

Correspondence  Agent  Owner

Invoicing:  Agent  Owner

Additional copy of Code Compliance Certificate

#### 4. APPLICATION [Tick if applicable]

I, [name] request that you issue one of the following [for the building work described in this application]:

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

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

The signature is that of the  Owner OR the  Agent on behalf of and with the approval of the Owner.

Building Consent

Project Information Memorandum (PIM)

Staged Consent

Existing PIM No [if applicable] is: \_\_\_\_\_

Restricted Building Work applicable?  Yes  No

Cultural or Heritage Significance?  Yes  No

Financial assistance package [FAP] re-clad application - or claim under FAP scheme?  Yes  No If yes, FAP claim number: \_\_\_\_\_

National Multiple Use Approval?  Yes  No If yes, NUA number: \_\_\_\_\_

To be completed in lieu of Authorisation Letter:

I, \_\_\_\_\_ as the owner of the property, authorise \_\_\_\_\_ to act as my agent.

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

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

#### 5. PRIVACY INFORMATION

The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information. Under the Privacy Act 2020 you have the right to see and correct personal information the Council holds about you.

#### 6. THE PROJECT

Description of Building Work: *[Provide sufficient information below to enable scope of work to be fully understood]*

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Will the building work result in a change of use of the building?  Yes  No If Yes, provide details of the new use of the building: \_\_\_\_\_

Intended life of the building if less than 50 years: \_\_\_\_\_ [Years]

List Building Consents previously issued for this project (if any): \_\_\_\_\_

Estimated value of the building work on which the building levy will be calculated *[including goods and services tax]*:

\$ \_\_\_\_\_ *[State estimated value as defined in section 7 of the Building Act 2004]*

#### 7. RESTRICTED BUILDING WORK

**Will the building work include any restricted building work?  Yes  No If Yes, please provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work *[If these details are unknown at the time of the application, they must be supplied before the building work begins].***

***Complete in contacts section below***

## 8. CONTACTS [Provide all details where relevant]

Please provide the following details of all practitioners who will be involved in carrying out or supervising the building work regardless of whether it is restricted building work.

### DESIGNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ LBP No: \_\_\_\_\_

License Class: DESIGN

### ENGINEER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

License Class: DESIGN

### BUILDER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ LBP No: \_\_\_\_\_

License Class: CARPENTRY

### BRICK / BLOCK LAYER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

License Class: BLOCKLAYING

### ROOFER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

License Class: ROOFING or CARPENTRY (delete one)

### EXTERNAL PLASTERER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

License Class: EXTERNAL PLASTERING

### FOUNDATIONS / FLOORS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

License Class: FOUNDATIONS or CARPENTRY (delete one)

### GAS FITTER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

### PLUMBER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

### DRAIN LAYER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

### LICENSED BUILDING PRACTITIONER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

License Class: \_\_\_\_\_

### OTHER KEY PERSONNEL:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reg No: \_\_\_\_\_

License Class: \_\_\_\_\_

The following matters are involved in the project: *[Tick the matters relevant to the project]*

- Subdivision
- Alterations to land contours *[e.g. digging out the site for a building platform]*
- New or altered connections to public utilities *[e.g. Council sewer, stormwater or water mains]*
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the Territorial Authority: *[Specify]*

The following plans and specifications are attached to this application:

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10. COMPLIANCE METHODS:					
Building Code Clause <i>Tick relevant clauses</i>	Acceptable Solution & NZS 4121 Accessible Design	Verification Method	Alternative Solution [Supporting documents listed below]	Waiver/ Modification [Supporting documents listed below]	Proposed Inspections
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS2 <input type="checkbox"/> B1/AS3	<input type="checkbox"/> B1/VM1 <input type="checkbox"/> B1/VM2 <input type="checkbox"/> B1/VM3 <input type="checkbox"/> B1/VM4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1	<input type="checkbox"/> B2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> C1-6 Protection from Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2	<input type="checkbox"/> C/VM1 <input type="checkbox"/> C/VM2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> D1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> D2 Mechanical installation for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS 4121 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3	<input type="checkbox"/> D2/VM1 <input type="checkbox"/> D2/VM2 <input type="checkbox"/> D2/VM3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engineer <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> E1/AS2	<input type="checkbox"/> E1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS4 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> E2/AS3	<input type="checkbox"/> E2/VM1 <input type="checkbox"/> E2/VM2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> E3/AS2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1	<input type="checkbox"/> F1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1	<input type="checkbox"/> F2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> F3 Hazardous substances and processes		<input type="checkbox"/> F3/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> F6 Visibility in escape routes	<input type="checkbox"/> F6/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other ( <i>Specify</i> ): _____

Building Code Clause <i>Tick relevant clauses</i>	Acceptable Solution & NZS 4121 Accessible Design	Verification Method	Alternative Solution [Supporting documents listed below]	Waiver/ Modification [Supporting documents listed below]	Proposed Inspections
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> F9 Means of restricting access to residential pools	<input type="checkbox"/> F9/AS1 <input type="checkbox"/> F9/AS2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1	<input type="checkbox"/> G4/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G6 Airborne impact sound	<input type="checkbox"/> G6/AS1	<input type="checkbox"/> G6/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> G7/AS2	<input type="checkbox"/> G7/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> G8/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> G9/VM1	<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> G10/VM1	<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1		<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2 <input type="checkbox"/> G12/AS3	<input type="checkbox"/> G12/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> G13/AS3	<input type="checkbox"/> G13/VM1 <input type="checkbox"/> G13/VM4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1	<input type="checkbox"/> G14/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> H1/AS2	<input type="checkbox"/> H1/VM1 <input type="checkbox"/> H1/VM2 <input type="checkbox"/> H1/VM3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other ( <i>Specify</i> ): _____

### 11. WAIVER/MODIFICATION TO NZ BUILDING CODE REQUIRED FOR FOLLOWING PARTS OF CODE:

Supporting documentation attached as follows [please list]:

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### 12. COMPLIANCE SCHEDULE

The specified systems for the building are as follows: [specified systems are defined in regulations]

Purpose group [select all relevant]

CS	CL	CO	CM	SC	SD	SA	SR	SH	WL	WM	WH	WF	IA	ID

There are no specified systems in the building

Applicant to complete

Any system installed from below to be accompanied by procedures for inspection and routine maintenance. [Council to vet and verify in first column.]

COUNCIL

Existing

New

Altered

Added

Removed

If there is any specified systems, then complete and provide the Rotorua Lakes Council Specified Systems Installation Checklist

Specified Systems Prescribed by Building Act 2004 Compliance Schedule Handbook 25 May 2007

Ss16 Cable cars







### 13. ATTACHMENTS

The following documents are attached to this application: [Tick as applicable]

Plans and specifications [list]:

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Current product certificate(s)

Current manufacturer's certificate(s) referred to in section 45(1)(bb) of the Act

Current manufacturer's certificate(s) referred to in section 45(1)(bc) of the Act

Memoranda from licensed building practitioner(s) who carried out or supervised any design work that is restricted building work

Project Information Memorandum

Development contribution notice

Certificate attached to Project Information Memorandum

Other information relevant to this application: [Please specify]:

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# COUNCIL USE ONLY

## ESTIMATED TOTAL VALUE OF WORK

\$ \_\_\_\_\_ GST inclusive      Project floor area \_\_\_\_\_ m<sup>2</sup>

### FEE PAYABLE

Project Information Memorandum	\$ _____
Building Admin / Circulation	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Land Development fee	\$ _____
<b>LODGEMENT FEE</b>	<b>\$ _____</b>
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Industry Levy (MBIE)	\$ _____
Industry Levy (BRANZ)	\$ _____
External Review (Geotechnical)	\$ _____
External Review (Structural)	\$ _____
Land Development	\$ _____
Compliance Schedule	\$ _____
Vehicle Crossing	\$ _____
Street Damage	\$ _____
Water Connection	\$ _____
Sewer Connection	\$ _____
Development Contribution	\$ _____
Section 72, 77, 363A (CPU)	\$ _____
_____	\$ _____

**TOTAL BALANCE PAYABLE**      **\$ \_\_\_\_\_**

Lodgement deposit	\$ _____
Date paid	_____
Receipt No.	_____
Consent fee balance	\$ _____
Date paid	_____
Receipt No.	_____

Granted by \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Issued by \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete

Forward any refunds or further invoices to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Building Consent Application Checklist RESIDENTIAL

**Address:** \_\_\_\_\_ **Date Vetted:** \_\_\_\_\_

### How to use this checklist

Use this checklist when finalising your building drawings plans to assist you to lodge a complete application and to avoid delays in processing. Your application will be accepted based on this checklist to ensure that it has sufficient information to commence processing. All items on this checklist must be circled to show that they are either provided or are not applicable to your project (N/A).

Later additional information may be requested during the processing of your building consent to confirm compliance with the Building Act, Building Code, District/City Plan and any other relevant legislation. Processing time will be suspended until information is received.

Your application will only be accepted if the information in this checklist is provided and the checklist completed.

Customer Use Circle as appropriate		Doc ref./ page #	General Documentation Required	Council Use		
Yes	N/A		Application form completed in full and signed	Yes	No	N/A
Yes	N/A		Lodgement fee (refer to Schedule of Fees and Charges for amount)	Yes	No	N/A
Yes	N/A		Two (2) complete sets of drawings/report/specification/plans and other relevant documents are required	Yes	No	N/A
Yes	N/A		Form 2A Certificate of Design Work	Yes	No	N/A
Yes	N/A		All drawings must meet the minimum requirements of the technical drawings standard AS/NZS1100. Index provided for plans and specifications	Yes	No	N/A
Yes	N/A		Are you applying for owner/builder exemption? If yes, the appropriate documentation including Form 2b is to be supplied	Yes	No	N/A
Yes	N/A		All documents including photocopies must be legible	Yes	No	N/A
Yes	N/A		All plans are to be titled and dated (or version number)	Yes	No	N/A
			Legal Documentation Required			
Yes	N/A		Full, current (less than three months old) Certificate of Title	Yes	No	N/A
Yes	N/A		Sale and purchase agreement with settlement date provided and confidential information hidden (if applicable)	Yes	No	N/A
<input type="checkbox"/> Section NA			Specifications and other Documentation	<input type="checkbox"/> Section Accepted		
Yes	N/A		Technical specifications for proprietary systems/products e.g. tiled showers, membranes, cladding systems, and foundation systems	Yes	No	N/A
Yes	N/A		H1 calculations	Yes	No	N/A
Yes	N/A		E2 Risk Matrix	Yes	No	N/A
Yes	N/A		Natural hazard assessment report where applicable (erosion, falling debris, subsidence, inundation, slippage)	Yes	No	N/A

### Comments – Council Use Only

Customer Use Circle as appropriate		Doc ref./ page #	Specific Design Engineering	Council Use		
<input type="checkbox"/> Section NA				<input type="checkbox"/> Section Accepted		
Yes	N/A		Engineering calculations and scope of works	Yes	No	N/A
Yes	N/A		Producer statements fully completed, signed and dated	Yes	No	N/A
Yes	N/A		Engineered plans or Architectural plans with engineer's details to be signed, dated and stamped	Yes	No	N/A
Yes	N/A		Proposed inspections regime	Yes	No	N/A
<input type="checkbox"/> Section NA			Site/Location Plan	<input type="checkbox"/> Section Accepted		
Yes	N/A		North Point	Yes	No	N/A
Yes	N/A		Road frontage indicated and street named	Yes	No	N/A
Yes	N/A		Location of all existing and proposed buildings	Yes	No	N/A
Yes	N/A		Distance of buildings to boundaries and distance between existing and proposed buildings including eaves and gutters	Yes	No	N/A
Yes	N/A		Site levels and finished floor levels relative to Moturiki Datum survey point (if applicable)	Yes	No	N/A
Yes	N/A		Existing contours (proposed cut or fill also to be shown)	Yes	No	N/A
Yes	N/A		Building line restrictions and easements	Yes	No	N/A
Yes	N/A		Site boundaries/exclusive area boundaries for cross lease properties and common areas clearly shown	Yes	No	N/A
Yes	N/A		Show calculations and percentage of net site coverage	Yes	No	N/A
Yes	N/A		Labelled points on boundaries where overshadowing is taken from	Yes	No	N/A
Yes	N/A		Existing and proposed crossings/driveways also showing berms and footpaths. Crossings are to be clear of Council storm water sumps <i>(Note: normally one crossing per site)</i>	Yes	No	N/A
Yes	N/A		Sediment control plan	Yes	No	N/A
Yes	N/A		If building under or near transmission and or power lines, please show transmission plan area or location of power lines	Yes	No	N/A
<input type="checkbox"/> Section NA			Retaining Walls/Site Works	<input type="checkbox"/> Section Accepted		
Yes	N/A		Site Plan indicating position and height of retaining walls, other buildings and drainage points to an approved outfall	Yes	No	N/A
Yes	N/A		Elevations showing original ground level, cut and fill	Yes	No	N/A
Yes	N/A		Engineering design information where required	Yes	No	N/A
Yes	N/A		Has safety from falling and loadings from barrier been considered?	Yes	No	N/A
Yes	N/A		Cross sections/details (cut, fill, height of retained ground, waterproof membrane and drainage) and height of wall indicated	Yes	No	N/A
Yes	N/A		Show cuts battered to a safe angle	Yes	No	N/A
Comments – Council Use Only						

Customer Use Circle as appropriate		Doc ref./ page #	Structure	Council Use		
<input type="checkbox"/> Section NA			<b>Foundation Plan</b>	<input type="checkbox"/> Section Accepted		
Yes	N/A		Foundation details	Yes	No	N/A
Yes	N/A		For timber floors and decks, show the location of piles, pile type, sub-floor bracing calculations, foundation perimeter walls and internal piling system where applicable	Yes	No	N/A
Yes	N/A		Concrete floor details provided	Yes	No	N/A
Yes	N/A		Control joints/saw cuts indicated	Yes	No	N/A
Yes	N/A		Bearer layout for floors and decks	Yes	No	N/A
Yes	N/A		Access/ventilation to subfloor space	Yes	No	N/A
<input type="checkbox"/> Section NA			<b>Floor Plan</b>	<input type="checkbox"/> Section Accepted		
Yes	N/A		Plan of all floors describing the function of each room	Yes	No	N/A
Yes	N/A		Show all doors, windows and ventilation including enclosed space ventilation	Yes	No	N/A
Yes	N/A		Stairs, handrails and decking shown showing dimensions and details	Yes	No	N/A
Yes	N/A		Smoke alarms position shown	Yes	No	N/A
Yes	N/A		For additions and alterations, the existing shall be shown separately to the proposed and to the same scale for comparison	Yes	No	N/A
Yes	N/A		Chimneys and solid fuel heaters	Yes	No	N/A
Yes	N/A		Lintel sizes/beam sizes and proprietary system design	Yes	No	N/A
<input type="checkbox"/> Section NA			<b>Framing Plan/ Bracing Plan</b>	<input type="checkbox"/> Section Accepted		
Yes	N/A		Bracing calculations/details – type and fixing	Yes	No	N/A
Yes	N/A		Framing plan including size, centers, grade and treatment of members	Yes	No	N/A
Yes	N/A		Bottom plate, top plate stud, lintel fixing details	Yes	No	N/A
Yes	N/A		Upper storey floor design if applicable	Yes	No	N/A
Yes	N/A		Floor joist layout for floors and decks	Yes	No	N/A
<input type="checkbox"/> Section NA			<b>Roof Plan</b>	<input type="checkbox"/> Section Accepted		
Yes	N/A		Roof plan and roof bracing	Yes	No	N/A
Yes	N/A		Truss types/roof framing layout and design statement	Yes	No	N/A
Yes	N/A		Truss/ rafter and purlin fixings	Yes	No	N/A
<input type="checkbox"/> Section NA			<b>Elevations</b>	<input type="checkbox"/> Section Accepted		
Yes	N/A		North, South, East and West elevations	Yes	No	N/A
Yes	N/A		Overshadowing/ daylighting angles labelled to correspond with points on site plan shown on all elevations	Yes	No	N/A
Yes	N/A		Height from ground level to apex of building	Yes	No	N/A
Yes	N/A		Show existing finished ground levels/floor levels and proposed finished ground levels/floor levels (subfloor ventilation and access)	Yes	No	N/A
Yes	N/A		Stairs, handrails and decking shown	Yes	No	N/A
Yes	N/A		Cladding systems, roofing type and any other relevant details	Yes	No	N/A
Yes	N/A		Window schedule	Yes	No	N/A
Yes	N/A		Roof pitch and chimneys (show height of chimney in relation to ridge)	Yes	No	N/A
Yes	N/A		Alterations to land contour, retaining, cut and fill and batters	Yes	No	N/A
<b>Comments – Council Use Only</b>						

<b>Customer Use</b> Circle as appropriate		Doc ref./ page #	<b>Cross Sections</b>	<b>Council Use</b>		
<input type="checkbox"/> <b>Section NA</b>				<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Drawings showing constructional details of foundations, floor systems, wall, ceiling, stud heights and stud sizes, roof construction, balustrades and barriers.	Yes	No	N/A
Yes	N/A		Surface finishes to wet areas (walls and floor to laundry, kitchen and bathroom).	Yes	No	N/A
Yes	N/A		Location and type of insulation	Yes	No	N/A
Yes	N/A		Details for all penetration in walls, roof (i.e. windows, doors, meter boards, skylights etc.)	Yes	No	N/A
Yes	N/A		Cavity construction details where applicable	Yes	No	N/A
<input type="checkbox"/> <b>Section NA</b>			<b>Plumbing and Drainage</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		All existing SEWERS, sewer connections and sewer drain locations and depth shown including Territorial Authority services	Yes	No	N/A
Yes	N/A		All existing STORMWATER drains and connections shown including Territorial Authority services	Yes	No	N/A
Yes	N/A		Proposed sewer and storm water drains/soak holes, terminal vents shown	Yes	No	N/A
Yes	N/A		Existing and proposed potable water supply	Yes	No	N/A
Yes	N/A		All existing and proposed sanitary fittings including pipe sizes, inspection fittings and gradients (isometric)	Yes	No	N/A
Yes	N/A		Standard Regional Council design system or Regional Council approved effluent disposal system	Yes	No	N/A
Yes	N/A		Specifications for hot water heating system (consider seismic restraints)	Yes	No	N/A
Yes	N/A		Storm water disposal design and calculations	Yes	No	N/A
<input type="checkbox"/> <b>Section NA</b>			<b>Relocatable Buildings</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Is the structure being relocated in more than one part? If so, please provide detail of how the building will be reconnected showing compliance with NZBC including B1 & E2.	Yes	No	N/A
<input type="checkbox"/> <b>Section NA</b>			<b>Solar Heating</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Specifications and installation details	Yes	No	N/A
Yes	N/A		Location of solar panels/ tubes/roof tank on roof plan (orientation)	Yes	No	N/A
Yes	N/A		Flashing and installation details for pipe penetrations through walls/roof details	Yes	No	N/A
Yes	N/A		Demonstrate roof structure is designed for additional load (weight)	Yes	No	N/A
Yes	N/A		Water pipe type and insulation requirements	Yes	No	N/A
<b>Comments – Council Use Only</b>						

<b>Customer</b>	Doc ref./		
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Use Circle as appropriate		page #	Swimming Pool/Spa Pool	Council Use		
<input type="checkbox"/> Section NA				<input type="checkbox"/> Section Accepted		
Yes	N/A		Site plan (refer site plan section of checklist)	Yes	No	N/A
Yes	N/A		Plan of all floors describing the function of each room including all doors and windows.	Yes	No	N/A
Yes	N/A		Fences/Gates with dimensions.	Yes	No	N/A
Yes	N/A		Show access restrictions, direction of opening and locking device details for doors and windows to pool area from all doors and windows	Yes	No	N/A
Yes	N/A		Have immediate pool area hazards been identified (climb hazards)	Yes	No	N/A
Yes	N/A		Pool manufacturer's specifications	Yes	No	N/A
Yes	N/A		Elevations/Cross section showing all construction details	Yes	No	N/A
Yes	N/A		Location of backwash indicating connection to approved outfall	Yes	No	N/A
Yes	N/A		Backflow preventer shown – type and location	Yes	No	N/A
<input type="checkbox"/> Section NA			Solid Fuel Heater	<input type="checkbox"/> Section Accepted		
Yes	N/A		Is the proposed appliance 'clean air' approved?	Yes	No	N/A
Yes	N/A		Location of SFH on floor plan in relation to windows, doors and flammable materials	Yes	No	N/A
Yes	N/A		Make and model provided	Yes	No	N/A
Yes	N/A		Manufacturers specifications provided including hearth information	Yes	No	N/A
Yes	N/A		Cross section through roof including height of flue in relation to roof	Yes	No	N/A
Yes	N/A		Flashing details (roof/wall penetrations)	Yes	No	N/A
Yes	N/A		Location and distance of all smoke alarms	Yes	No	N/A
Yes	N/A		Seismic restraint detailed	Yes	No	N/A
<input type="checkbox"/> Section NA			Wetback Installation	<input type="checkbox"/> Section Accepted		
Yes	N/A		Location of hot water cylinder and size	Yes	No	N/A
Yes	N/A		Wetback installation diagram/manufacturers installation instructions	Yes	No	N/A
Yes	N/A		Tempering valve information provided	Yes	No	N/A
Comments – Council Use Only						

Council Specific Requirements – Please complete for your related Council						
<input type="checkbox"/> Section NA			Kawerau District Council	<input type="checkbox"/> Section Accepted		
Yes	N/A		Geotechnical report for new and relocatable buildings	Yes	No	N/A
Yes	N/A		Relocatable/transportable Buildings – Please provide re-site report	Yes	No	N/A
<input type="checkbox"/> Section NA			Rotorua Lakes Council	<input type="checkbox"/> Section Accepted		
Yes	N/A		Soil investigation that has a conclusion readily identifiable in accordance with chapter 3 RCEIS	Yes	No	N/A
Yes	N/A		Any geothermal activity on or near site, distances to proposed building work (SED where <50m to a bore or geothermal feature)	Yes	No	N/A
Yes	N/A		Relocatable Buildings – Please provide re-site report	Yes	No	N/A
Yes	N/A		Buildings built prior to 2000 undergoing alt. or add. – Asbestos Declaration	Yes	No	N/A

**ADDITIONAL FEES**

Please be aware that additional fees may be applied after lodgment deposit is paid, for inspections, processing, certificates, government levies and the like.

**Person completing checklist**

Name of person signing: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_  Agent  Owner  Other: \_\_\_\_\_

Name to be on invoice: \_\_\_\_\_

Payment Details: \_\_\_\_\_

**COUNCIL USE ONLY****Outcome of decisions – Council Use Only**

	Officer	Date	Time
This application was not accepted for lodgement because documentation was incomplete			
This application needs to be re-vetted			
Documentation is now complete and the application is accepted for lodgement			
Application will now proceed for compliance checking			

**Project Type**

RBW	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type	PIM <input type="checkbox"/>	PIM/BC <input type="checkbox"/>	BC <input type="checkbox"/>	Category	R1 <input type="checkbox"/>	R2 <input type="checkbox"/>	R3 <input type="checkbox"/>	C1 <input type="checkbox"/>	C2 <input type="checkbox"/>	C3 <input type="checkbox"/>
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**Comments – Council Use Only**

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