

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

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

## Form 2

# MINOR

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

Fireplace  Demolition/Removal  Swimming Pools  Solar  Drainage  Wet area Shower

### 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: \_\_\_\_\_

**9. PROJECT INFORMATION MEMORANDUM** [Do not fill in this section if the application is for a building consent only]

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, storm water 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 storm water 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 <small>[Supporting documents listed below]</small>	Waiver/Modification <small>[Supporting documents listed below]</small>	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"/> 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"/> 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> ): _____
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<b>Building Code Clause</b> <i>Tick relevant clauses</i>	<b>Acceptable Solution &amp; NZS 4121 Accessible Design</b>	<b>Verification Method</b>	<b>Alternative Solution</b> [Supporting documents listed below]	<b>Waiver/Modification</b> [Supporting documents listed below]	<b>Proposed Inspections</b>
<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> ): _____
<input type="checkbox"/> F9 Restricting access to residential pools	<input type="checkbox"/> F9/AS1		<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"/> 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"/> G9 Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> G9/VM1	<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> ): _____

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

Supporting documentation attached as follows [please list]:

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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><u>LODGEMENT FEE</u></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

### MINOR

Fireplace   
  Demolition/Removal   
  Swimming Pools   
  Solar   
  Drainage   
  Wet area shower

**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 (All)	Council Use		
Yes	N/A		Application form completed in full and signed	Yes	No	N/A
Yes	N/A		Lodgment 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		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		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 (All)			
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

#### Comments – Council Use Only



<b>Customer Use</b> Circle as appropriate		Doc ref./ page #	<b>Solid Fuel Heaters</b>	<b>Council Use</b>		
<input type="checkbox"/> <b>Section NA</b>				<input type="checkbox"/> <b>Section Accepted</b>		
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"/> <b>Section NA</b>			<b>Wetback Installation</b>	<input type="checkbox"/> <b>Section Accepted</b>		
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
<input type="checkbox"/> <b>Section NA</b>			<b>Other Solid Fuel Heaters</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Second hand fire producer statement (from an approved recognised expert)	Yes	No	N/A
Yes	N/A		Diesel burner information including isolating tap	Yes	No	N/A
Yes	N/A		Piping layout supplied	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 stormwater drains/soak holes, terminal vents shown	Yes	No	N/A
Yes	N/A		All existing and proposed sanitary fittings including pipe sizes 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		Stormwater disposal design and calculations	Yes	No	N/A

<input type="checkbox"/> <b>Section NA</b>			<b>Wet Area Showers (Level entry)</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Entire floor plan and including location and distance of all smoke alarms	Yes	No	N/A
Yes	N/A		Cross section of shower construction including timber treatment	Yes	No	N/A
Yes	N/A		Product specifications for the shower system including substrate, tanking and its appraisal certificates and all impervious finishes	Yes	No	N/A
Yes	N/A		Size and gradient of waste pipes and any additional ventilation to same	Yes	No	N/A

**Comments – Council use only**

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<b>Customer Use</b> Circle as appropriate		Doc ref./ page #	<b>Solar Heating</b>	<b>Council Use</b> <input type="checkbox"/> Section Accepted		
<input type="checkbox"/> Section NA						
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
Yes	N/A		Location and distance of all smoke alarms	Yes	No	N/A

<input type="checkbox"/> Section NA			<b>Demolition/Removal</b>	<input type="checkbox"/> Section Accepted		
Yes	N/A		Have building/s to be removed been identified on a site plan?	Yes	No	N/A
Yes	N/A		Confirmation received that any services are to be capped off	Yes	No	N/A
Yes	N/A		Have any hazardous building materials been identified, such as asbestos?	Yes	No	N/A
Yes	N/A		Consideration of impact on adjoining/adjacent buildings i.e. specified systems, weather tightness, structure, site management	Yes	No	N/A

<input type="checkbox"/> Section NA			<b>Swimming Pool/Spa Pool</b>	<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 and location and distance of all smoke alarms	Yes	No	N/A
Yes	N/A		Fences/Gates with dimensions	Yes	No	N/A
Yes	N/A		Show access restrictions 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	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

<b>Comments – Council use only</b>						

<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		Buildings built prior to 2000 undergoing alt. or add. – Asbestos Declaration	Yes	No	N/A

<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

#### 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: \_\_\_\_\_  Agent  Owner  Other: \_\_\_\_\_

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

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

#### COUNCIL USE ONLY

Outcome of decisions – Council Use Only	Officer	Date	Time
<input checked="" type="radio"/> This application was not accepted for lodgement because documentation was incomplete			
<input checked="" type="radio"/> This application needs to be re-vetted			
<input checked="" type="radio"/> Documentation is now complete and the application is accepted for lodgement			
<input checked="" type="radio"/> 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

\_\_\_\_\_