



Form 2

Application No/BC: _____
Property ID #: _____

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: _____ m²
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: _____ Date: _____

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

Project Information Memorandum (PIM) & Building Consent Project Information Memorandum (PIM)

Building Consent

Existing PIM No [if applicable] is: _____

Cultural or Heritage Significance?

Yes No

To be completed in lieu of Authorisation Letter:

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

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 1993 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]

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.

<p>DESIGNER: Name: _____ Address: _____ Email: _____ Telephone: _____ LBP No: _____ License Class: DESIGN</p>	<p>ENGINEER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: DESIGN</p>
<p>BUILDER: Name: _____ Address: _____ Email: _____ Telephone: _____ LBP No: _____ License Class: CARPENTRY</p>	<p>BRICK / BLOCK LAYER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: BLOCKLAYING</p>
<p>ROOFER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: ROOFING or CARPENTRY (delete one)</p>	<p>EXTERNAL PLASTERER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: EXTERNAL PLASTERING</p>
<p>FOUNDATIONS / FLOORS: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: FOUNDATIONS or CARPENTRY (delete one)</p>	<p>GAS FITTER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____</p>
<p>PLUMBER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____</p>	<p>DRAIN LAYER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____</p>
<p>LICENSED BUILDING PRACTITIONER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: _____</p>	<p>OTHER KEY PERSONNEL: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: _____</p>

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, 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:

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"/> AS1NZS1170 <input type="checkbox"/> B1/AS1 <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other	<input type="checkbox"/> B1/VM1 <input type="checkbox"/> Other	<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"/>	<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"/> AS3500	<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/AS2 <input type="checkbox"/> SED <input type="checkbox"/> E2/AS3	<input type="checkbox"/> E2/VM1	<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"/> Other		<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"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <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"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<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 (Specify): _____
<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 (Specify): _____
<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 (Specify): _____
<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 (Specify): _____
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1	<input type="checkbox"/> G7/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<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/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> G13 Foul Water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> AS3500 <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 (Specify): _____

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

Supporting documentation attached as follows *[please list]*:

11. COMPLIANCE SCHEDULE:

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

There are no specified systems in the building <input type="checkbox"/>		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	Inspection performance standards	Maintenance performance standards	Reporting frequency	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specified Systems Prescribed by Building Act 2004 Compliance Schedule Handbook 25 May 2007 (List Systems)										
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. ATTACHMENTS

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

Plans and specifications *[list]* _____

- 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
- National Environmental Standard Checklist
- Other information relevant to this application: *[Please specify]*: _____

COUNCIL USE ONLY

ESTIMATED TOTAL VALUE OF WORK

\$ _____ GST inclusive Project floor area _____ m²

FEE PAYABLE

Project Information Memorandum	\$ _____
Building Administration	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Certificate of Title	\$ _____
Other	\$ _____
<u>LODGEMENT FEE</u>	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Industry Levy (DBH)	\$ _____
Industry Levy (BRANZ)	\$ _____
BCA Levy	\$ _____
Rural ID #	\$ _____
Compliance Schedule	\$ _____
Specified Systems	\$ _____
Vehicle Crossing	\$ _____
Street Damage	\$ _____
Water Connection	\$ _____
Sewer Connection	\$ _____
Peer Review	\$ _____
N Z F S	\$ _____
Development Contribution	\$ _____
_____	\$ _____
_____	\$ _____

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 _____ **D** _____

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		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			
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 (if applicable)	Yes	No	N/A

Comments – Council Use Only

Customer Use Circle as appropriate		Doc ref./ page #	Solid Fuel Heaters	Council Use		
<input type="checkbox"/> Section NA				<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
<input type="checkbox"/> Section NA			Other Solid Fuel Heaters	<input type="checkbox"/> Section Accepted		
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"/> Section NA			Plumbing and Drainage	<input type="checkbox"/> Section Accepted		
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"/> Section NA			Wet Area Showers (Level entry)	<input type="checkbox"/> Section Accepted		
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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Customer Use Circle as appropriate		Doc ref./ page #	Solar Heating	Council Use		
<input type="checkbox"/> Section NA				<input type="checkbox"/> Section Accepted		
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		Demolition/Removal		<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		Swimming Pool/Spa Pool		<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

Comments – Council use only						

Council Specific Requirements – Please complete for your related Council						
<input type="checkbox"/> Section NA		Tauranga City Council			<input type="checkbox"/> Section Accepted	
Yes	N/A		Land undergoing subdivision – If the title has not yet been issued, the council may or may not accept your application. Refer to the Land Undergoing Subdivision Checklist form AC-6	Yes	No	N/A
Yes	N/A		50m ² continuous outdoor living area incorporating a 4x3m outdoor living court minimum dimension	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

<input type="checkbox"/> Section NA			Whakatane District Council	<input type="checkbox"/> Section Accepted		
Yes	N/A		Peer review required	Structural	<input type="checkbox"/>	Geotech <input type="checkbox"/>
Yes	N/A		Comments required by Council 3 Water Engineers	Yes	No	N/A

<input type="checkbox"/> Section NA			Opotiki District Council	<input type="checkbox"/> Section Accepted		

<input type="checkbox"/> Section NA			South Waikato District Council	<input type="checkbox"/> Section Accepted		

<input type="checkbox"/> Section NA			Kawerau District Council	<input type="checkbox"/> Section Accepted		

<input type="checkbox"/> Section NA			Western Bay of Plenty District Council	<input type="checkbox"/> Section Accepted		

<input type="checkbox"/> Section NA			Taupo District Council	<input type="checkbox"/> Section Accepted		
Yes	N/A		Any geothermal activity on or near site, distances to proposed building work	Yes	No	N/A
Yes	N/A		Electronic plans/documentation provided	Yes	No	N/A
Yes	N/A		Any geothermal activity on or near site, distances to proposed building work	Yes	No	N/A
			Please specify how you would like to receive your approved documents: (select one option) <input type="checkbox"/> USB (\$10.00) <input type="checkbox"/> Paper copy - Plans only printed to a maximum size of A3 . Due to this the scale of plans may be affected. (\$35.00 minimum fee)			

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 lodgment 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 lodgment			
<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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