



Application No/BC: _____
 Property ID #: _____

Form 2

MULTI RESIDENTIAL/INDUSTRIAL/COMMERCIAL 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: _____ 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: _____

Staged Consent

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: _____ 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.

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 BUILDNG PRACTITIONER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: _____	OTHER KEY PERSONNEL: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: _____

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"/> 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 (Specify): _____
<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 (Specify): _____
<input type="checkbox"/> C1-6 Protection from Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2 <input type="checkbox"/> C/AS3 <input type="checkbox"/> C/AS4 <input type="checkbox"/> C/AS5 <input type="checkbox"/> C/AS6 <input type="checkbox"/> C/AS7 <input type="checkbox"/> C/VM1	<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 (Specify): _____
<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 (Specify): _____
<input type="checkbox"/> D2 Mechanical installation for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify): _____
<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 (Specify): _____
<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 checked="" type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<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 (Specify): _____
<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 (Specify): _____
<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 (Specify): _____
<input type="checkbox"/> F3 Hazardous substances and processes	<input type="checkbox"/> F3/AS1	<input type="checkbox"/> F3/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<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"/> F6 Visibility in escape routes	<input type="checkbox"/> F6/AS1		<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): _____

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 (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"/> 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 (Specify): _____
<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 (Specify): _____
<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 (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"/> G5 Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/> G5/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (Specify): _____
<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 (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"/> 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 (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"/> 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/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): _____
<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 (Specify): _____
<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 (Specify): _____
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1	<input type="checkbox"/> H1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council

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]

Purpose group [select all relevant]

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

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.**]

 There are no specified systems in the building
COUNCIL

Existing

New

Altered

Added

Removed

Inspection performance standards

Maintenance performance standards

Reporting frequency

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

ss1	Automatic systems for fire suppression	<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"/>
ss2	Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and services only that unit)	<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"/>
ss3	Electromagnetic or automatic doors and windows													
	ss3/1 Automatic doors	<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"/>
	ss3/2 Access controlled doors	<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"/>
	ss3/3 Interfaced fire or smoke doors or windows	<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"/>
ss4	Emergency lighting 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"/>
ss5	Escape route pressurisation 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"/>
ss6	Riser mains for use by fire services	<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"/>
ss7	Automatic back-flow preventers connected to a potable water supply	<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"/>
ss8	Lifts, escalators, travellers, or other systems for moving people or goods within buildings													
	ss8/1 Passenger carrying lifts	<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"/>
	ss8/2 Services lifts	<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"/>
	ss8/3 Escalators and moving walks	<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"/>
ss9	ss9/1 Mechanical ventilation	<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"/>
	ss9/2 Air conditioning 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"/>
ss10	Building maintenance units providing access to exterior and interior walls of	<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"/>

buildings									
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ss11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss12	Audio loops or other assistive listening systems								
	ss12/1 Audio loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss12/2 FM radio frequency systems and infrared beam transmission 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"/>
ss13	Smoke control systems								
	ss13/1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss13/2 Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss13/3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss14	Emergency power systems for a system or feature specified in any of specified systems 1-13								
	ss14/1 Emergency power 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"/>
	ss14/2 Signs in relation to any specified systems 1-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss15	Other fire safety systems or features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss15/1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss15/2 Final exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss15/3 Fire separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ss15/4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ss15/5 Smoke separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss16	Cable cars	<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

Contaminated Site (Investigation Management Report)

ANARP Assessment (sec 112, 115, 116A)

Fire Report

Fire Engineering Brief

Accessibility Assessment

Site Specific Information

Specific Engineering Design

Product Information

Geotechnical Report

Geothermal Report

Inspection Regime by Specialist(s)

Vetting Checklist (Completed)

Site Management Plan

Application for Certificate of Public Use

Hazardous Substances and Processes

Alternative Solution Documentation

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 MULTI RESIDENTIAL/INDUSTRIAL/COMMERCIAL

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		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
Yes	N/A		If excavating or infilling please provide a completed National Environmental Standard (NES) form, if applicable	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
Yes	N/A		Full copy of lease agreement (if applicant is lessee)	Yes	No	N/A

Comments – Council Use Only

Customer Use Circle as appropriate		Doc ref./ page #	Specifications and other Documentation	Council Use		
<input type="checkbox"/> Section NA				<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
Yes	N/A		Compliance Schedule systems design and relevant maintenance and inspection procedures (copy of existing compliance schedule and/or proposed compliance schedule)	Yes	No	N/A
Yes	N/A		A4/A3 Plan showing location of all specified systems for Compliance Schedule	Yes	No	N/A
Yes	N/A		Has a seismic assessment been undertaken	Yes	No	N/A
<input type="checkbox"/> Section NA			Change of Use	<input type="checkbox"/> Section Accepted		
Yes	N/A		Structural, means of escape, protection of other property, access and facilities for disabled and toilet facilities assessment provided	Yes	No	N/A
Yes	N/A		Additional household units – Assessment of the building is required with respect to all building code clauses. If the proposal is for the project to meet anything less than full compliance with any clause of the building code, your application must clearly state your reasoning, with supporting documentation and show how you will meet the highest level of compliance that can be considered reasonably practicable.	Yes	No	N/A
Yes	N/A		Change of use will initiate the Councils earthquake prone policy. Has this been considered?	Yes	No	N/A
<input type="checkbox"/> Section NA			Fire Design/Engineering	<input type="checkbox"/> Section Accepted		
Yes	N/A		Proposed fire protection plan (1:100/1:50) showing smoke alarms, sprinkler system, emergency lights, fire alarm sounders, any 'protected' path, thermal (heat) detectors, fire hose reels, fire alarm call points, 'open path' travel to exits and method or systems for fire rating penetrations through or between fire cells.	Yes	No	N/A
Yes	N/A		Fire report – demonstrating compliance with the building code.	Yes	No	N/A
Yes	N/A		Fire design for any commercial proposal C/AS1-7	Yes	No	N/A
Yes	N/A		Fire design for any commercial proposal C/VM2 must have followed the FEB process prior to lodgement for BC	Yes	No	N/A
Yes	N/A		Copy of agreed FEB between relevant stakeholders	Yes	No	N/A
Yes	N/A		Fire compliance gap analysis for the whole building (including minor works)	Yes	No	N/A
Yes	N/A		MINOR WORKS Reasonably practicable - The proposal is required to meet full compliance with the building code. Where upgrading to fully comply with the fire clauses of the building code is not proposed you are required to supply supporting documentation, making the case as to why full compliance is not reasonably practicable. Fire penetration/construction specifications	Yes	No	N/A
Yes	N/A		Requirement to send application to DRU identified	Yes	No	N/A
Yes	N/A		Peer reviews supplied (PS2)	Yes	No	N/A
Comments – Council Use Only						

Customer Use Circle as appropriate		Doc ref./ page #	Accessibility Assessment	Council Use		
<input type="checkbox"/> Section NA				<input type="checkbox"/> Section Accepted		
Yes	N/A		Access and facilities for the disabled for the whole building showing access routes, accessible toilet compartment, location and height of fittings (toilet pan, basin, urinal, shower and handrails) on both sides, width of access routes, dimensions of toilet compartments, lift car controls, accessible stairs, accessible low height counters (including reception), accessible car parks (for new buildings)	Yes	No	N/A
Yes	N/A		Reasonably practicable – Your proposal is required to fully comply with the building code. Where upgrading to fully comply with the building code for the above proposal is not proposed you are required to supply supporting documentation making the case as to why it is not reasonably practicable to do so	Yes	No	N/A
<input type="checkbox"/> Section NA			Specific Design Engineering	<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
Yes	N/A		Detailed seismic documentation provided including restraint details for plant, machinery and specified systems	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 needs 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		Dimensions and location of parking spaces shown onsite	Yes	No	N/A
Yes	N/A		If building under or near transmission lines or over head power lines, please show transmission plan area or location of power lines	Yes	No	N/A
Comments – Council Use Only						

Customer Use Circle as appropriate		Doc ref./ page #				
<input type="checkbox"/> Section NA			Site Management and Protection of Public	<input type="checkbox"/> Section Accepted		
Yes	N/A		Gantries and hoardings - Provide details of barriers for the protection of public and for restricting public access to site, details of gantries, scaffolding and hoardings.	Yes	No	N/A
Yes	N/A		Site management plan covering - Delivery and storage of materials, management to control silt run off, noise and dust, traffic management and parking.	Yes	No	N/A
Yes	N/A		Hazardous building materials - Provide safety plan detailing the safe handling and disposal of hazardous materials.	Yes	No	N/A
Yes	N/A		Sediment control plan	Yes	No	N/A
Yes	N/A		Certificate of Public Use (CPU) Application provided?	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
			Structure			
<input type="checkbox"/> Section NA			Foundation Plan	<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 shown/ saw cuts	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			Floor Plan	<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 showing dimensions and details	Yes	No	N/A
Yes	N/A		Smoke alarms position shown (type 1 only)	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
Yes	N/A		Disabled access to building showing dimensions and details	Yes	No	N/A
Yes	N/A		Disabled access toilet showing dimensions and details	Yes	No	N/A

Comments – Council Use Only

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Customer Use Circle as appropriate		Doc ref./ page #	Framing Plan/Bracing Plan	Council Use		
<input type="checkbox"/> Section NA				<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			Roof Plan	<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			Elevations	<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
<input type="checkbox"/> Section NA			Cross Section	<input type="checkbox"/> Section Accepted		
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
Comments – Council Use Only						

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Customer Use Circle as appropriate		Doc ref./ page #	Plumbing and Drainage	Council Use		
<input type="checkbox"/> Section NA				<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 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		Sanitary facilities - Assessment of existing sanitary facilities within the building comparative to current code and levels of amenity provided by the acceptable solutions.	Yes	No	N/A
Yes	N/A		Regional Council approved effluent disposal system	Yes	No	N/A
Yes	N/A		Specifications for hot water heating system including seismic restraints	Yes	No	N/A
Yes	N/A		Water Supply Schematic (multi storey buildings)	Yes	No	N/A
Yes	N/A		Backflow preventer shown – type and location	Yes	No	N/A
Yes	N/A		Storm water disposal design and calculations	Yes	No	N/A
<input type="checkbox"/> Section NA			Hazardous Substances and Processes	<input type="checkbox"/> Section Accepted		
Yes	N/A		Provide details of the materials used or stored, their hazardous substances classification (HSNO). Individual container size and aggregated volume.	Yes	No	N/A
Yes	N/A		Plans and specifications describing spaces where hazardous substances are stored and used and the method of disposal of waste and the consideration of containment, pressure relief, electrical hazardous area zoning and ventilation.	Yes	No	N/A
Yes	N/A		HSNO assessment supplied?	Yes	No	N/A
<input type="checkbox"/> Section NA			Food Premises	<input type="checkbox"/> Section Accepted		
Yes	N/A		Details of type of business including general food types to be prepared and beverages to be served Number of staff, number of patrons (seated and standing)	Yes	No	N/A
Yes	N/A		Registration: <input type="checkbox"/> Unregistered <input type="checkbox"/> Food hygiene regulations 1974 (Council Registered) <input type="checkbox"/> Food safety plan (MPI Registered) <input type="checkbox"/> Risk management plan (MPI Registered)	Yes	No	N/A

			<input type="checkbox"/> Food control plan (Council Registered)			
Yes	N/A		Infrastructure details of water supply and sewerage disposal connecting to the town supply (full details will be required if private system proposed), plumbing including wash hand basin, food preparation sink, dish washing sink, mop sink, extraction ventilation hood and inlet, grease trap, back flow prevention.	Yes	No	N/A
Yes	N/A		Layout of appliances/fittings showing full details of surface finishes of food preparation, joinery, cooking, serverly, storage areas, dish wash areas including chillers, freezers, display cabinets, bain-marie etc.	Yes	No	N/A
Comments – Council Use Only						

Customer Use Circle as appropriate		Doc ref./ 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. Show 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 nearest gulley trap	Yes	No	N/A
Yes	N/A		Backflow preventer shown – type and location	Yes	No	N/A
<input type="checkbox"/> Section NA			Relocatable Buildings	<input type="checkbox"/> Section Accepted		
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
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
Yes	N/A		Relocatable Buildings – Please provide re-site report	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	No	N/A
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
Yes	N/A		Relocatable Buildings: - Please provide current photos for all elevations	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 lodgement 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
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<input type="radio"/>	This application was not accepted for lodgement because documentation was incomplete			
<input type="radio"/>	This application needs to be re-vetted			
<input type="radio"/>	Documentation is now complete and the application is accepted for lodgement			
<input 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"/>