

# Application for code compliance certificate

Section 92, Building Act 2004  
(Form 6 – Building Forms) Regulations 2004)

**Auckland Council**  
Te Kaitiaki Take Kōwhiri  
Māori Māhara



AUCKLAND COUNCIL

02 JUL 2012

PUKEKOHE - MC

Location of building (please tick)

To: ☐ Auckland ☒ Franklin ☐ Manukau ☐ North Shore ☐ Papakura ☐ Rodney ☐ Waitakere

Building consent number:

BC 23935  
(23620 Pin No) (98/853 consent certificate no)

Date building consent granted:

25 May 1998

Building project address

17 ELSIE DRIVE WAIKUKU

Issued by:

FRANKLIN DISTRICT COUNCIL PUKEROHE [Name of Council]

## THE OWNER

Name of owner:

BEVANA England

(include preferred form of address, eg Mr, Miss, Dr, if an individual)

Mailing address:

17 ELSIE DRIVE  
WAIKUKU

Postcode: 2123

Street address:  
(for courier)

AS ABOVE

Postcode:

Telephone No (Home):

09 2356469

Telephone No (Work):

—

Mobile No:

—

Facsimile No:

—

Email address:

nanboursend@xtra.co.nz

Evidence of ownership: (copy of certificate of title (no older than 3 months), lease, agreement for sale & purchase or other document showing full name of legal owner(s) of the building should be attached)

Signature of owner:

*Bevana England*

Print name:

BEVAN ENGLAND

Preferred method of communication:

PHONE

## AGENT (Only required if application is being made on behalf of the owner)

Name of agent:

Mailing address:

Postcode:

Street address:  
(for courier)

Postcode:

Telephone No (Home):

Telephone No (Work):

Mobile No:

Facsimile No:

Email address:

Relationship to owner:

(state details of the authorisation from the owner to make the application on the owner's behalf)

Signature of agent:

Print name:

Preferred method of communication:



**FIRST POINT OF CONTACT FOR COMMUNICATION (Must be in New Zealand)**

(If first point of contact for communications from the Council is different to above, please provide full name, mailing address, phone numbers and email addresses)

Full name:

Bevan Russell England

Mailing address:

17 ELSIE DRIVE WAIKUKU

Postcode: 2123

Street address/  
Registered office:

AS ABOVE

Postcode:

Telephone No (Home):

09 2356469

Telephone No (Work):

09 2356469

Mobile No:

Facsimile No:

AS ABOVE

Email address:

**APPLICATION**

Stage

28-6-98

of an intended

6-6-2000

stages.

All building work to be carried out under the above building consent was completed on:

**KEY CONTACTS/PERSONNEL WHO CARRIED OUT THE BUILDING WORK**

<b>Designer or Architect</b>		<b>Structural Engineer</b>	
Business/Name: EDGAR REID DESIGN		Business/Name: LAW SUE CONSULTANTS LTD	
Address: 91 BEACH RD TEATATU.		Address: P.O. BOX 56468 MT Eden.	
Daytime: 09 8348174	After Hours:	Daytime: 09 302 2235	After Hours:
Mobile:	Fax:	Mobile:	Fax:
Registration/Qualifications:		Registration/Qualifications:	
<b>Builder</b>		<b>Plumber</b>	
Business/Name: KEITH CORE BUILDERS.		Business/Name: (NOEL WHITE PLUMBERS) WOLFSBAUER PLUMBERS.	
Address: Papakura.		Address: PUKEKOHE.	
Daytime:	After Hours:	Daytime:	After Hours:
Mobile:	Fax:	Mobile:	Fax:
Registration/Qualifications:		Registration/Qualifications:	
<b>Drainlayer</b>		<b>Electrician</b>	
Business/Name: WOLFSBAUER DRAINLAYERS		Business/Name: RODGER DONAVAN	
Address: PUKEKOHE		Address: ST ANDREWS RD EPM.	
Daytime: 238 7107	After Hours:	Daytime:	After Hours:
Mobile:	Fax:	Mobile: 027 2803293	Fax:
Registration/Qualifications:		Registration/Qualifications:	
<b>Head Contractor/Site Manager</b>		<b>Other</b>	
Business/Name: TANSEY HOLDINGS.		Business/Name:	
Address: 17 ELSIE DR WAIKUKU.		Address:	
Daytime: 2356469	After Hours: 2356469	Daytime:	After Hours:
Mobile:	Fax:	Mobile:	Fax:
Registration/Qualifications: Carpenter Joinery.		Registration/Qualifications:	

☐ No specified system installed

(tick)	SPECIFIED SYSTEM
<input type="checkbox"/>	<b>1.0 Automatic systems for fire suppression:</b>
<input type="checkbox"/>	1.1 Automatic sprinkler systems
<input type="checkbox"/>	1.2 Gas and foam flood or deluge system, dry and wet chemical extinguishing systems
<input checked="" type="checkbox"/>	<b>2.0 Automatic/manual emergency warning systems for fire or other dangers:</b>
<input type="checkbox"/>	2.1 Emergency warning systems including manual and automatic fire alarms, heat detectors, halon, gas, radiation systems. Are they audible or visual signals?
<input type="checkbox"/>	2.2 Automatic gas leak detection systems for the detection and measurement of combustible gases
<input type="checkbox"/>	<b>3.0 Electromagnetic or automatic doors or windows:</b>
<input type="checkbox"/>	3.1 Automatic doors (sliding/revolving/panic)
<input type="checkbox"/>	3.2 Access controlled doors (swipe card/key pad/sensor/delayed egress)
<input type="checkbox"/>	3.3 Interfaced fire or smoke doors or windows (electromagnetic door holders)
<input type="checkbox"/>	4.0 Emergency lighting systems. Stand-by generator, self-contained units, other
<input type="checkbox"/>	5.0 Escape route pressurisation. Location of control panel
<input type="checkbox"/>	6.0 Riser mains for fire service use. Physical location of the riser, point of entry for fire service etc.
<input type="checkbox"/>	7.0 Any automatic back-flow preventer connected to a potable water supply Type of device and location (testable device)
<input type="checkbox"/>	<b>8.0 Lifts, escalators or travelators or other systems for moving people or goods within buildings: Specify number of lifts and location:</b>
<input type="checkbox"/>	8.1 Passenger carrying lift
<input type="checkbox"/>	8.2 Goods lift
<input type="checkbox"/>	8.3 Escalators and moving walks
<input type="checkbox"/>	9.0 Mechanical ventilation or air conditioning system. Owners operation manual may have maintenance provisions included. Note: Cooling tower installed?
<input type="checkbox"/>	10.0 Building maintenance units for providing access to the exterior and interior walls of buildings.
<input type="checkbox"/>	11.0 Laboratory fume cupboards. Location: _____
<input type="checkbox"/>	<b>12.0 Audio loops or other assistive listening systems:</b>
<input type="checkbox"/>	12.1 Audio loop
<input type="checkbox"/>	12.2 FM radio-frequency systems and infrared beam transmission systems.
<input checked="" type="checkbox"/>	<b>13.0 Smoke control systems:</b>
<input type="checkbox"/>	13.1 Mechanical smoke control
<input type="checkbox"/>	13.2 Natural smoke control
<input type="checkbox"/>	13.3 Smoke curtains
<input type="checkbox"/>	14.0 Emergency power systems or signs relating to a specified system in any of the specified systems 1.0-13.0. See 15(d), Signs
<input type="checkbox"/>	<b>15.0 Means of escape:</b>
<input type="checkbox"/>	15(a) System for communicating information for evacuation
<input type="checkbox"/>	15(b) Final exits
<input type="checkbox"/>	15(c) Fire separation
<input type="checkbox"/>	15(d) Signs. Such signs as required by <ul style="list-style-type: none"> <li>the building code (all systems above)</li> <li>section 120 of the Building Act 2004</li> </ul>
<input type="checkbox"/>	15(e) Smoke separation
<input type="checkbox"/>	16 Cable cars
<input type="checkbox"/>	The compliance schedule for this building complies with section 103(d) of the Building Act 2004. The compliance schedule must state, if applicable, the specified systems that relate to: <ul style="list-style-type: none"> <li>(i) Safety barriers, and</li> <li>(ii) Means of access and facilities for use, by persons with disabilities that meet the requirements of section 118 of the Building Act 2004, and</li> <li>(iii) Handheld hose reels for fire-fighting, and</li> <li>(iv) Any signs that are required by section 120 of the Building Act 2004.</li> </ul>

## REQUEST

I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004.

The code compliance certificate should be sent to:

Name:

BEVAN & ANN ENGLAND

☒ Owner

☐ Agent

Address:

17 ELSIE DRIVE  
WAIUKU.

Postcode: 2123

Owner/agent  
Signature:

*[Handwritten Signature]*

Date:

23-1-12

Print name:

BEVAN ENGLAND

If you are signing this application on behalf of a company/trust/other entity (the Applicant), you represent that you are authorised on behalf of the Applicant to make such application.

## ATTACHMENTS

The following documents are attached to this application:

- ☐ Certificates from the personnel who carried out the work.
- ☐ Certificates that relate to the energy work.
- ☐ Evidence that specified systems are capable of performing to the performance standards set out in the building consent.
- ☐ Other (specify) \_\_\_\_\_

### IMPORTANT PRIVACY INFORMATION

If you would like to request access to, or correction of, your details, please contact the Council.

# Application for code compliance certificate

Section 92, Building Act 2004



## THE BUILDING CONSENT

Building consent N°:	23935	Date granted:	8-6-98
Street address of building:	17 Elsie Drive Waiuku.		
Issued by:	Auckland Council / FDC.	Current lawfully established use:	Dwelling.

## THE COMPLIANCE SCHEDULE (only complete this section if the buildings has had specified systems installed or removed)

Purpose group:		Occupancy N°:		Highest fire hazard category:	
Compliance schedule:	<input type="checkbox"/> New <input type="checkbox"/> Amendment	Ex. compliance schedule N°:		Year first constructed:	

## OWNER DETAILS (must be completed in full in all cases)

Owners name: (Include preferred form of address if an individual)	BEVAN & ANN ENGLAND		
Mailing address:	17 ELSIE DRIVE WAIUKU. 2123	Postcode:	2123
Street address / registered office:		Postcode:	
Business phone:	09 2356469	After hours:	09 2356469.
Facsimile number:		Mobile:	
Email address:	harboursend@xtra.co.nz		

Evidence of ownership attached to the application (e.g. copy of certificate of title, lease agreement, agreement for sale and purchase or other document showing full name of legal owners of the building. Note only required if ownership has changed since the application for building consent was made: Ownership changed: ☐ Yes ☒ No

## AGENT (only required if application is being made on behalf of the owner)

Contact person:			
Mailing address:		Postcode:	
Business phone:		After hours:	
Facsimile number:		Mobile:	
Email address:			
Relationship to owner:			

**Note:** written authorisation must be provided where an application is made by an agent on behalf of an owner

**FIRST POINT OF CONTACT FOR COMMUNICATIONS WITH COUNCIL (must be in New Zealand)**

Full name:

BEVAN ENGLAND

Mailing address:

17 ELSIE DRIVE  
WAIUKU.

Postcode:

2123

Business phone:

09 2356469

Mobile:

Facsimile number:

Email address:

Seasidepb@xtra.co.nz

**THE LICENSED BUILDING PRACTITIONERS (LBP) WHO CARRIED OUT OR SUPERVISED THE RESTRICTED BUILDING WORK ARE AS FOLLOWS, CONTINUE ON ANOTHER PAGE IF NECESSARY (applies as of 1 March 2012)**

Name	Licensing class	LBP or Registration number if licensed under s.291 of Act	Particular work carried out or supervised

**THE PERSONNEL WHO CARRIED OUT THE BUILDING WORK OTHER THAN RESTRICTED BUILDING WORK ARE AS FOLLOWS [list names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters, and Drainlayers Board registration numbers]**

**Designer or Architect**

**Structural Engineer**

Name: EDGAR REID DESIGN		Name: LAW SUE	
Address:		Address: MT EDEN AK.	
Daytime:	After hours: 09 834 8174	Daytime: 09 302 2235	After hours:
Mobile:	Fax:	Mobile:	Fax: 09 302 2236
Registration or LBP Registration No:		Registration or LBP Registration No:	

**Head Contractor / Site Manager**

**Building / Carpentry work**

Name: B.R. ENGLAND.		Name: B.R. ENGLAND. & others	
Address: 17 ELSIE DR WAIUKU.		Address: 17 ELSIE DR WAIUKU.	
Daytime: 09 2356469	After hours:	Daytime: 09 2356469	After hours:
Mobile:	Fax:	Mobile:	Fax:
LBP Registration No:		LBP Registration No:	

THE PERSONNEL WHO CARRIED OUT THE BUILDING WORK OTHER THAN RESTRICTED BUILDING WORK ARE AS FOLLOWS [list names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters, and Drainlayers Board registration numbers]

<b>Drain layer</b> Name: NOEL WHITE Plumbing LTD Address: 71 Johns Rd Pukekohe Daytime:      After hours: Mobile:      Mobile: Registration No.: 04785		<b>Plumber</b> Name: NOEL WHITE Plumbers Ltd Address: 71 Johns Rd Pukekohe After hours: Fax: Registration No.: 04785	
<b>Electrician</b> Name: Roger Donovan Address: MT EDEN AUCKLAND Daytime:      After hours: Mobile: 0272503293      Fax: Registration No: E12065		<b>Gas Fitter</b> Name: Address: Daytime:      After hours Mobile:      Fax: Registration No:	
<b>Foundation work</b> Name: Keith Gore Builders Address: Papakura Daytime:      After hours: Mobile:      Fax: LBP Registration No:		<b>Bricklaying</b> Name: Address: Daytime:      After hours Mobile:      Fax: LBP Registration No:	
<b>Blocklaying</b> Name: Keith Gore Builders Address: Daytime:      After hours: Mobile:      Fax: LBP Registration No:		<b>External plastering</b> Name: Insulclad Address: AUCKLAND Daytime:      After hours Mobile:      Fax: LBP Registration No:	
<b>Roofing work</b> Name: AHI ROOFING Address: AUCKLAND Daytime:      After hours: Mobile:      Fax: LBP Registration No:		<b>Other</b> Name: Sola Master Address: 35 AXLE ST Onehunga Daytime: 09 634 0358      After hours Mobile:      Fax: LBP Registration No:	

**THE BUILDING CONTAINS THE FOLLOWING SPECIFIED SYSTEMS:**

*(Only complete this section if the buildings has had specified systems installed or removed during construction)*

Tick as applicable

<b>No systems have been installed</b>		<input type="checkbox"/>
<b>1 Automatic systems for fire suppression</b>		
1.1 Automatic sprinkler systems		<input type="checkbox"/>
1.2 Gas and foam flood or deluge system, dry and wet chemical extinguishing systems		<input type="checkbox"/>
<b>2 Automatic or manual emergency warning systems for fire or other dangers</b>		
2.1. Automatic or manual emergency warning systems		<input type="checkbox"/>
Fire alarm type:		
2.2. Automatic gas detection systems		<input type="checkbox"/>
<b>3 Electromagnetic or automatic doors or windows</b>		
3.1 Automatic doors (sliding/revolving/panic)		<input type="checkbox"/>
3.2 Access controlled doors (swipe card / key pad / sensor / delayed egress)		<input type="checkbox"/>
3.3 Interfaced fire or smoke doors or windows (electromagnetic door holders)		<input type="checkbox"/>
<b>4 Emergency lighting systems</b>		<input type="checkbox"/>
<b>5 Escape route pressurisation</b>		<input type="checkbox"/>
Specify location of control panel:		
<b>6 Riser mains for fire service use</b>		<input type="checkbox"/>
Physical location of the riser, point of entry for fire service, etc:		
<b>7 Any automatic back-flow preventer connected to a potable water supply</b>		<input type="checkbox"/>
Type of device and location (testable device)		
<b>8 Lifts, escalators or travelators or other systems for moving people or goods within buildings</b>		
Specify number of lifts and location:		
8.1 Passenger carrying lift		<input type="checkbox"/>
8.2 Goods lift		<input type="checkbox"/>
8.3 Escalators and moving walks		<input type="checkbox"/>
<b>9 Mechanical ventilation or air conditioning system</b>		<input type="checkbox"/>
Cooling tower installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>10 Building maintenance units for providing access to the exterior and interior walls of buildings</b>		<input type="checkbox"/>
<b>11 Laboratory fume cupboards</b>		<input type="checkbox"/>
Specify number of cupboards and location:		
<b>12 Audio loops or other assistive listening systems</b>		
12.1 Audio loop		<input type="checkbox"/>
12.2 FM radio-frequency systems and infrared beam transmission systems		<input type="checkbox"/>
<b>13 Smoke control systems</b>		
13.1 Mechanical smoke control		<input type="checkbox"/>
13.2 Natural smoke control		<input type="checkbox"/>
13.3 Smoke curtains		<input type="checkbox"/>
<b>14 Emergency power systems / signs for systems 1 - 13</b>		<input type="checkbox"/>
14.1 Emergency power system		<input type="checkbox"/>
14.2 Signs for systems 1 - 13		<input type="checkbox"/>



THE BUILDING CONTAINS THE FOLLOWING SYSTEMS (continued)

15	<b>Means of escape (other fire safety features or systems)</b>	
15(a)	System for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>
15(b)	Final exits	<input type="checkbox"/>
15(c)	Fire separation	<input type="checkbox"/>
15(d)	Signs (all systems) as required by: <ul style="list-style-type: none"> <li>• the Building Code</li> <li>• section 120 of the Building Act 2004</li> </ul>	<input type="checkbox"/>
15(e)	Smoke separation	<input type="checkbox"/>
<b>The compliance schedule for this building relates to section 103(d) of the Building Act 2004 and must state:</b>		
15.1	Means of escape	<input type="checkbox"/>
15.2	Safety barriers, and	<input type="checkbox"/>
15.3	Means of access and facilities for use, by persons with disabilities that meet the requirements of section 118 of the Building Act 2004, and	<input type="checkbox"/>
15.4	Handheld hose reels for fire-fighting, and	<input type="checkbox"/>
15.5	Any signs that are required by section 120 of the Building Act 2004.	<input type="checkbox"/>
16	<b>Cable cars</b>	<input type="checkbox"/>

Note: The compliance schedule must be kept in a location agreed to between Auckland Council and the Owner. The compliance schedule and the written reports obtained in accordance with the compliance schedule are to be kept at:

APPLICATION

All building work to be carried out under the building consent specified on this form was completed on

Dec 1999

☒ I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004

The code compliance certificate should be sent to:

Owner	<input checked="" type="checkbox"/>	
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Agent ☐

**Mailing address:**

17 ELSIE DRIVE  
WAIKUKU.

Postcode:

Name of person  
signing application:

B. R. England.

Signature

B. Kneip

Owner

Agent

Date:

29-2-2012

**ATTACHMENTS** (the following documents are attached to this application)

- ☐ Certificates from the personnel who carried out the work
- ☐ Memoranda from licensed building practitioners stating what restricted building work they carried out or supervised
- ☐ Certificates that relate to energy work (e.g. gas and electrical certificates)
- ☐ Evidence that specified systems are capable of performing to the performance standards set out in the building consent

OFFICE ONLY USE

Receipt No:	
Deposit \$:	
CS No:	
Date:	

Processing Office		
<input type="checkbox"/> Central	<input type="checkbox"/> Henderson	<input type="checkbox"/> Orewa
<input type="checkbox"/> Papakura	<input type="checkbox"/> Pukekohe	<input type="checkbox"/> Takapuna
<input type="checkbox"/> Manukau	<input type="checkbox"/> MBC	<input type="checkbox"/> Compass