

CODE COMPLIANCE CERTIFICATE NO. 94/0365

Section 43(3), Building Act 1991

40361

Issued By:

WESTERN BAY DISTRICT COUNCIL

Building Consent No: 94/0365

PROJECT	PROJECT LOCATION
<p>New or relocated building <input type="checkbox"/></p> <p>Alteration <input checked="" type="checkbox"/></p> <p>Intended use(s)(in detail):</p> <p>INSTALL BATHROOM AND REPLACE DOOR WITH WALL</p> <p>Intended Life:</p> <p>Indefinite but not less than 50 years <input checked="" type="checkbox"/></p> <p>Specified atyears</p> <p>Being stage.....of an intended.....stages</p> <p>COUNCIL CHARGES</p> <p>The Council's total charges payable on the uplifting of this code compliance certificate, in accordance with the attached details, are:</p> <p>0.00</p>	<p>Street Address (if any):</p> <p>MR S HAYTER 7 NETTLINGHAM PLACE TE PUKE</p> <p>Legal Description:</p> <p>Ref. No. 1739-60</p> <p>Val. Number: 6794-671-00</p> <p>Lot 37 Dp(s) 25129</p> <p>This is:</p> <p><input checked="" type="checkbox"/> A final code compliance certificate issued in respect of all the building work under the above building consent.</p> <p><input type="checkbox"/> An interim code compliance certificate in respect of part only, as specified in the attached particulars, of the building work under the above building consent.</p> <p><input type="checkbox"/> This certificate is issued subject to the conditions specified in the attached page(s)</p>

Signed by or on behalf of the Council.

Name:

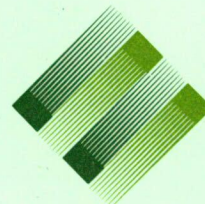
Position:

Date:

[Signature]
Clerk
6/5/94

Barkes Corner, Greerton, Tauranga
Private Bag 12803, Tauranga
Telephone: 07 571 8008. Facsimile 07 577 9820
Offices at Katikati and Te Puke

WESTERN BAY OF PLENTY DISTRICT COUNCIL



Date Received

11/4/94

OFFICE USE ONLY

Application Number:

94-365

Date Issued:

18/4/94

BUILDING CONSENT APPLICATION FORM

Signed by or for and on behalf of the applicant:

NAME

S. A. Robertson

Owner

☐

Tick One
Agent

☒

OFFICE USE ONLY

APPROVED

Building Inspector

J. P. Stanley

Date

14/4/94

Planner

Date

ENDORSEMENTS:

APPLICATION FOR BUILDING CONSENT
Section 33, Building Act 1991

Tick One

- ☐ Application for building consent only, in accordance with project information memorandum. No....
- ☐ Application for building consent and project information memorandum

365

PART A
Complete in all cases

OWNER*	CONTACT (If not owner)
Surname <u>HAYTER</u>	Name
First Names <u>STEPHEN ROSE & GAIL HELEN</u>	Contact Name
Postal Address <u>7 Nettlingham Place</u> <u>Te Puke</u>	Postal Address
Phone Number <u>5736351</u>	Phone Number

PROJECT		(Please Tick)
Description <u>Installation Toilet, Shower + Vanity</u> <u>in existing basement area. Replacing one exterior</u> <u>door with fixed wall.</u>	New Building <input type="checkbox"/>	
Estimate Value (including GST) <u>\$1,800</u>	Alteration <input checked="" type="checkbox"/>	
Floor Area <u>3.1 sq. metres</u>	Demolition <input type="checkbox"/>	
	Resited <input type="checkbox"/>	
Is life of building intended to be less than 50 years yes/no		If yes then specify how many years

PROJECT LOCATION		
Rural ID/ Street No. <u>7</u>	Address <u>Nettlingham Pl</u>	Locality <u>Te Puke</u>

Legal Description			
Valuation Number <u>244/978</u> <u>6794-671-00</u>	Land Unit/Number <u>1739/60</u> <u>244/978</u>		
Lot <u>37</u>	DPS <u>25129</u>	Sect. <u>47</u>	Block <u>II</u>
Survey District <u>Maketu</u>		Site Area (sq. metres) <u>886</u>	

PAYMENT OF FEES BY:		TICK ONE
Owner <input type="checkbox"/>	Builder <input type="checkbox"/>	Other (specify) <u>Agent</u> <input checked="" type="checkbox"/>

FEES (Office use only)			
	Amount	Date Paid	Receipt No.
Building Consent	<u>190 -</u>		
Application			
Project Information Memoranda	<u>27.</u>		
Building Research Levy			
Code Compliance Certificate			
Vehicle Crossing			
Kerb Damage			
Water Connection			
District Land Registrars			
Development Levy			
Other			
TOTAL	<u>217</u>	<u>11/4/94</u>	<u>94/50097</u>

PART B

Complete in all cases unless you have applied separately for a project information memorandum

The project involves the following matters: (Please ✓)

- | | | | |
|--|-------------------------------------|---|-------------------------------------|
| Location of building in relation to legal boundaries, and external dimensions of new, relocated, or altered buildings | <input type="checkbox"/> | New connections to public utilities
<i>2nd Toilet Rm</i> | <input checked="" type="checkbox"/> |
| Provisions to be made in any demolition work for the protection of the public, suppression of dust, disposal of debris, disconnection of public utilities and suppression of noise | <input type="checkbox"/> | Precautions to be taken where building work is to take place over existing drains or sewers or in close proximity to wells or water mains | <input type="checkbox"/> |
| New provisions to be made for vehicular access including parking | <input type="checkbox"/> | Provisions to be made in building over or adjacent to any road or public place | <input type="checkbox"/> |
| New provisions to be made for the disposing of storm water and wastewater | <input checked="" type="checkbox"/> | Any cultural heritage significance of the building or building site, including whether it is on a Marae | <input type="checkbox"/> |

PART C

Systems necessitating a compliance schedule (complete in all cases)

This building will contain the following: (Please ✓)

- | | | | | | |
|---|--------------------------|---|--------------------------|--|--------------------------|
| Automatic sprinkler system or other systems of automatic fire protection | <input type="checkbox"/> | Automatic doors which form part of any fire wall and which are designed to close shut and remain shut on an alarm of fire | <input type="checkbox"/> | Building maintenance units for providing access to the exterior and interior wall of buildings | <input type="checkbox"/> |
| Emergency warning systems for fire or other dangers | <input type="checkbox"/> | Emergency lighting system | <input type="checkbox"/> | Escape route air pressurisation systems | <input type="checkbox"/> |
| Riser main for fire service use | <input type="checkbox"/> | Any automatic back flow preventer connected to a potable water supply | <input type="checkbox"/> | Lifts, escalators or travelators or other similar systems | <input type="checkbox"/> |
| Mechanical ventilation or air-conditioning system serving all or a major part of the building | <input type="checkbox"/> | Any other mechanical electrical, hydraulic or proper operation is electronic system whose necessary for compliance with the New Zealand Building Code | <input type="checkbox"/> | Such signs are required by the New Zealand Building Code in respect of the above-mentioned systems | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> | | | | |

PART D

Complete Part D only if your project has any of the items in Part C

The building will contain the following: (Please ✓)

- | | | | |
|---|--------------------------|--|--------------------------|
| Means of access and facilities for use by people with disabilities which meet the requirements of Section 25 of the Disabled Persons Community Welfare Act 1975 | <input type="checkbox"/> | Such signs as are required by the New Zealand Building Code or Section 25 of the Disabled Persons Community Welfare Act 1975 | <input type="checkbox"/> |
| Means of escape from fire | <input type="checkbox"/> | Safety Barriers | <input type="checkbox"/> |
| Hand-held hoses for fire fighting | <input type="checkbox"/> | | |

PART E

Complete all sections where applicable to this project

DESIGNER(S)

Name

Address

Phone Number Fax number

CERTIFIERS(S)

Name

Address

Phone Number Fax number

Certifying

BUILDER

Name *S. A. Robertson*

Address *76 Emmett St, TAURANGA*

Phone Number *5788 241* Fax number

DRAINLAYER

Name *Graeme WEBB*

Address *10 Raymond Ave. TE PUKE*

Phone Number *573 9892* Fax number

PLUMBER (If not as above)

Name

Address

Phone Number Fax number

OTHER PRODUCERS AND KEY PERSONNEL

Name

Address

Phone Number Fax number

OFFICE USE ONLY

DATE STOPPED	REASON FOR DELAY	DATE START

APPLICATION FOR BUILDING CONSENT
Section 33, Building Act 1991

Tick One

- ☐ Application for building consent only, in accordance with project information memorandum. No....
- ☐ Application for building consent and project information memorandum

365

PART A
Complete in all cases

OWNER*	CONTACT (If not owner)
Surname <u>HAYTER</u>	Name
First Names <u>STEPHEN ROSE & GAIL HELEN</u>	Contact Name
Postal Address <u>7 Nettlingham Place</u> <u>Tc Puke</u>	Postal Address
Phone Number <u>5736351</u>	Phone Number

PROJECT	(Please Tick)
Description <u>Installation Toilet, Shower + Vanity</u> <u>in existing basement area. Replacing one exterior</u> <u>door with fixed wall.</u>	New Building <input type="checkbox"/>
Estimate Value (including GST) <u>\$1,800</u>	Alteration <input checked="" type="checkbox"/>
Floor Area <u>3.1 sq. metres</u>	Demolition <input type="checkbox"/>
	Resited <input type="checkbox"/>
Is life of building intended to be less than 50 years yes/no	If yes then specify how many years

PROJECT LOCATION

Rural ID/ Street No. <u>7</u>	Address <u>Nettlingham Pl.</u>	Locality <u>Tc Puke</u>
----------------------------------	--------------------------------	-------------------------

Legal Description

Valuation Number <u>24 D / 978</u> <u>6794-671-00</u>	Land Unit/Number <u>1739/60</u> <u>24 D / 978</u>
Lot <u>37</u> DPS <u>25129</u>	Sect. <u>47</u> Block <u>II</u>
Survey District <u>Maketu</u>	Site Area (sq. metres) <u>886</u>

PAYMENT OF FEES BY:

TICK ONE

Owner	Builder	Other (specify) <u>Agent</u>	<input checked="" type="checkbox"/>
-------	---------	------------------------------	-------------------------------------

FEES (Office use only)

	Amount	Date Paid	Receipt No.
Building Consent	190 -		
Application			
Project Information Memoranda	21.		
Building Research Levy			
Code Compliance Certificate			
Vehicle Crossing			
Kerb Damage			
Water Connection			
District Land Registrars			
Development Levy			
Other			
TOTAL	217		