

OFFICE USE ONLY

APPLICATION NUMBER:

97/1908

PROPERTY ID:

D1273492000

VALUATION No:

04211-235-77

Hamilton City Council

See Note

APPLICATION
Duplicate
IssuedFor a building consent or
Project information memorandum or
For building consent or
(in accordance with
project information memorandum #

2 PLANS

CITY
OF
HAMILTON

See Note

Project location:

Street Number

28

Street Name Chequers Ave.

See Note

LOT(S) Lot 27

SITE AREA

m²

DPS 17494

See Note

Intended life:

Indefinite but not less than 50 years ☐

Specified as

50

years

PROJECT:

floor area (m²)New building ☐

N.A.

Alteration/~~addition~~ ☒

N.A.

Relocation ☐Demolition ☐

Other

N.A.

See Note

Description of work:

Renovation of Bathroom

See Note

Intended uses:

Domestic.

See Note

Estimated value (incl GST): \$3700

DWG ALTS - RENOV BATHRM

OWNER:

See Note

Name

C.N Gibbs

Postal address

28 Chequers Ave.Phone day: 8393940night 8552978

Cellphone

Fax 8383316

CONTACT (if not owner):

See Note

Name

Postal address

Phone day:

night

Cellphone

Fax

DECLARATION:

Signed on or behalf of the owner

See Note

Print Name

C.N GIBBS.

Signature

Date

/ /



Hamilton City Council

Municipal Offices, Garden Place, Private Bag 3010, Hamilton

Tel 07-838-6444. Fax 07-838-6445

Winners of
1996
Best Practice
in Service
Award

FOR OFFICE USE ONLY**Fees paid on application:**

Plan Review \$ 20-00
Project Information Memorandum 25-00
Microfilming 20-00
Code Compliance Certificate 15-00
Structural Check 15-00

Total Fees (including GST).

\$ 95-00

Fees payable on approval:

Only those applicable will be charged

Building Consent _____
Project Information Memorandum _____
Code Compliance Certificate _____
BRANZ Levy _____
BIA Levy _____
Photocopying _____
Microfilming _____
Structural Check _____
External Consultants Check _____
Street Crossing _____
Footpath Deposit _____
Crossing Administration _____
Roding Contribution _____
Fees in Lieu Carparking _____
Planning Bond _____
Reserves Contribution (Industrial) _____
Reserves Contribution (Commercial) _____
Water Connection _____
Water Connection (B) _____
Water Connection (C) _____
Water Main Connection _____
Water Disconnection _____
Backflow Device _____
Backflow Inspect/Permit Fee _____
Drainage Connection _____
Plumbing and Drainage _____
TV Survey Drainage _____
Kerb and Channel Connection _____
Sewer Disconnection _____
Sewer Connection _____
Cellar Indemnity _____

Total Fees (including GST).

\$

CONFIDENTIALITY

I/we require that my/our:

☐ plans ☐ specifications
be treated as confidential in order to protect:
☐ copyright ☐ security of building

☐ I/we require that my/our names and addresses
be treated as confidential other than for informa-
tion memorandum inquiries.

See Note

BUILDER:

Owner.
Address: C.N. Gibbs
Fax _____
Phone - day: 8393940
- night: 8552978
Reg # N.A.

PLUMBER:

Peter Brown Plumber.
Address: 21 Leyton Place
Hamilton
Fax _____
Phone - day: 8479961
- night _____
Reg # 03587

DRAINLAYER:

N.A.
Address: _____
Fax _____
Phone - day: _____
- night _____
Reg # _____

CONSENT ISSUE AUTHORITY:

Receipt # _____
Date of issue _____
Authorised by: [Signature]
Date authorised: 19/8/97

REFERRALS:

	Sent	Returned
Structural		

CORRESPONDENCEI/we, the applicant, acknowledge that all correspon-
dence is to be directed to:

☒ myself/ourselves
☐ my/our agent whose responsibility it is to
forward all council documentation as received as
appropriate.