

# Amended Building Consent

## Application Form

*(Only complete items that are applicable to your project)*

BAM 002 - A

Version: 9

Updated: Jan 22


Review: Jan 23

Please return this form to: [info@adc.govt.nz](mailto:info@adc.govt.nz) or Ashburton District Council, PO Box 94, Ashburton 7740

Application		
I request that you issue an amendment to a Building Consent already issued for the building work described in this application.		
Original Building Consent Number:		
Building Information		
Building Name (if any):		
Street Address (or Rapid Number):		
Lot No:	DP No:	
Number of Levels:	Level/Unit Number:	
Legal Description:	Valuation Roll Number:	
Approx. year building first construction?		
Total Floor Area (all floors)	Existing(m2):	Add(m2):
The Project		
Description of amended work:		
Estimated value of amended work (including GST):		
In addition to, or reduction from, what was stated with the original application:		
Addition <input type="checkbox"/>	Reduction <input type="checkbox"/>	No Change <input type="checkbox"/>
Associated Resource Consents <i>(Please provide project reference numbers):</i>		
Owner Information		
Owner Name:		
Contact Person <i>(if owner is not an individual):</i>		
Mailing / Billing Address:		
Street Address / Registered Office:		
Daytime Phone Number:	After Hours Number:	
Email:	Mobile Number:	

Agent Information	
<i>Note: The Agent will be the first point of contact for communication with the Council / Building Consent Authority regarding this application / building work and will receive all correspondence including all invoices.</i>	
Agent Name:	
Mailing / Billing Address:	
Street Address / Registered Office:	
Daytime Phone Number:	After Hours Number:
Email:	Mobile Number:
Key Personnel / Licensed Building Practitioners Details	
<b>Builder</b>	
Name of Builder:	
Registration Number:	
Mailing Address:	
Email:	Daytime Phone Number:
<b>Craftsman Plumber</b>	
Name of Craftsman Plumber:	
Registration Number:	
Mailing Address:	
Email:	Daytime Phone Number:
<b>Registered Drainlayer</b>	
Name of Registered Drainlayer:	
Registration Number:	
Mailing Address:	
Email:	Daytime Phone Number:
<b>Craftsman Gasfitter</b>	
Name of Craftsman Gasfitter:	
Registration Number:	
Mailing Address:	
Email:	Daytime Phone Number:

<b>Designer</b>		
Name of Designer:		
Registration Number:		
Mailing Address:		
Email:	Daytime Phone Number:	
<b>Engineer</b>		
Name of Engineer:		
Registration Number:		
Mailing Address:		
Email:	Daytime Phone Number:	
<b>Other</b>		
Has the engineer provided a Producer Statement – Design?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the engineer been engaged to carry out site inspections on the job? <i>(If yes, this must be specified on the Producer Statement)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Notes by the Applicant</b>		
(Other notes or comments which you as the applicant may wish to add)		
<b>Required Attachments</b>		
Tick the documents you have attached with this application. <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Title (less than 6 months old) (Evidence of ownership)</li> <li><input type="checkbox"/> Sale and Purchase Agreement (Evidence of ownership)</li> <li><input type="checkbox"/> Lease (Evidence of ownership)</li> <li><input type="checkbox"/> Current Rates Demand (Evidence of ownership)</li> <li><input type="checkbox"/> Project Information Memorandum</li> <li><input type="checkbox"/> 2 copies of the original consented plans that are to be amended, showing all construction details, with amendments highlighted or clouded.</li> <li><input type="checkbox"/> Amendment Application Fee</li> </ul>		

Method of Payment		
Cash <input type="checkbox"/>	Direct Credit	Eftpos
Credit Card <input type="checkbox"/>		
Fee payer for lodgement fees:		
Fee payer for processing fees prior to BC uplift:		
Fee payer for fees incurred after BC uplift:		
<p>Note: For direct credit, please make payment to account number 03-1592-0521970-00 include name of applicant and the Building Consent Number (if known). If you don't know the Building Consent number, please enter letters BC in the reference field. This will enable us to match your payment and prevent delays in processing your request.</p>		
Signature		
<p><i>Note: If acting "for and behalf", please read the following declaration before signing: "I hereby declare that I am authorised to act as Agent of the Owner."</i></p>		
Signature:	Date:	
		
Please print your name:	Owner <input type="checkbox"/>	Agent <input type="checkbox"/>
<p><b>Privacy Information:</b> 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 regularly forward these to Statistics NZ. The Council stores the information on a public register which must be supplied (as previously determined by the Ombudsman) to whosoever requests the information. Under the Privacy Act 2020 you have the right to see and correct personal information the Council holds about you.</p>		

Office Use Only		
Application complete?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Application fee received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receipt Number:		
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. This does not apply to building consents that already have a Code of Compliance Certificate issued.</li> <li>2. This application is for construction changes to issued building consents. It is not intended to be used where the scope of work is extended.</li> <li>3. Processing fees (plus any additional Building or Building Research Levies are to be paid before any work covered by the amendment may proceed.</li> </ol>		