



Form 2

Application No/BC: _____

Property ID #: _____

SIMPLE

APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT Section 33 or 45, Building Act 2004

Garage/Carport ☐ Decks ☐ Retaining ☐ Farm Buildings ☐ Temp Structure ☐

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: _____

Signature: _____ Date: _____

The signature is that of the ☐ Owner OR the ☐ Agent on behalf of and with the approval of the Owner.

☐ Building Consent

☐ Project Information Memorandum (PIM)

☐ Staged Consent

Existing PIM No [if applicable] is: _____

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: _____

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 2020 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 BUILDING PRACTITIONER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: _____

OTHER KEY PERSONNEL:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: _____

9. PROJECT INFORMATION MEMORANDUM [Do not fill in this section if the application is for a building consent only]

The following matters are involved in the project: *[Tick the matters relevant to the project]*

- ☐ Subdivision
- ☐ Alterations to land contours *[e.g. digging out the site for a building platform]*
- ☐ New or altered connections to public utilities *[e.g. Council sewer, storm water or water mains]*
- ☐ New or altered locations and/or external dimensions of buildings
- ☐ New or altered access for vehicles
- ☐ Building work over or adjacent to any road or public place
- ☐ Disposal of storm water and wastewater
- ☐ Building work over any existing drains or sewers or in close proximity to wells or water mains
- ☐ Other matters known to the applicant that may require authorisations from the Territorial Authority: *[Specify]*

The following plans and specifications are attached to this application:

10. COMPLIANCE METHODS:

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"/> AS/NZS1170 <input type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS2 <input type="checkbox"/> B1/AS3 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other	<input type="checkbox"/> B1/VM1 <input type="checkbox"/> B1/VM2 <input type="checkbox"/> B1/VM3 <input type="checkbox"/> B1/VM4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other <i>(Specify)</i> : _____
<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 <i>(Specify)</i> : _____
<input type="checkbox"/> C1-6 Protection from Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2	<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 <i>(Specify)</i> : _____
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> D1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other <i>(Specify)</i> : _____
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> E1/AS2	<input type="checkbox"/> E1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other <i>(Specify)</i> : _____
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> E2/AS3 <input type="checkbox"/> E2/AS4 <input type="checkbox"/> SED	<input type="checkbox"/> E2/VM1 <input type="checkbox"/> E2/VM2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other <i>(Specify)</i> : _____
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> E3/AS2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other <i>(Specify)</i> : _____
<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 <i>(Specify)</i> : _____
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1	<input type="checkbox"/> F2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other <i>(Specify)</i> : _____

<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): _____
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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"/> 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): _____
<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"/> G4 Ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> G4/AS2	<input type="checkbox"/> G4/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/AS2	<input type="checkbox"/> G7/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"/> 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"/> 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): _____

11. WAIVER/MODIFICATION TO NZ BUILDING CODE REQUIRED FOR FOLLOWING PARTS OF CODE:

Supporting documentation attached as follows [please list]:

12. COMPLIANCE SCHEDULE:

The specified systems for the building are as follows: [specified systems are defined in regulations]

There are no specified systems in the building ☐

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.]	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 (List 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"/>	<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"/>	<input type="checkbox"/>

13. 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
- ☐ 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 Admin / Circulation	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Land Development fee	\$ _____
<u>LODGEMENT FEE</u>	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Industry Levy (MBIE)	\$ <u> </u>
Industry Levy (BRANZ)	\$ <u> </u>
External Review (Geotechnical)	\$ _____
External Review (Structural)	\$ _____
Land Development	\$ _____
Compliance Schedule	\$ _____
Vehicle Crossing	\$ _____
Street Damage	\$ _____
Water Connection	\$ _____
Sewer Connection	\$ _____
Development Contribution	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL BALANCE PAYABLE

\$
441.50

Lodgement deposit	\$ _____
Date paid	31.07.2023
Receipt No.	DTR10040019
Consent fee balance	\$ 441.50
Date paid	30.08.2023
Receipt No.	DTR10064859

Granted by _____

Signature _____

Date _____

Issued by **M van Vuuren**

Signature  _____

Date **30.08.2023** _____

Please complete

Forward any refunds or further invoices to:



Building Consent Application Checklist

SIMPLE BUILDING CONSENTS

<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Decks	<input type="checkbox"/> Retaining	<input type="checkbox"/> Farm Buildings	<input type="checkbox"/> Temp Structure
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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 (All)	Council Use		
Yes	N/A		Application form completed in full and signed	Yes	No	N/A
Yes	N/A		Lodgment 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		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
			Legal Documentation Required (All)			
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 and confidential information hidden (if applicable)	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. foundation/structural design	Yes	No	N/A
Yes	N/A		Natural hazard assessment report where applicable (erosion, falling debris, subsidence, inundation, slippage)	Yes	No	N/A
<input type="checkbox"/> Section NA			Specific Design Engineering (Complete for all types of applications)	<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
<input type="checkbox"/> Section NA			Site/Location Plan (Complete for all types of applications)	<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 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 (Note: normally one crossing per site)	Yes	No	N/A
Yes	N/A		Sediment control plan	Yes	No	N/A
Yes	N/A		If building under or near transmission and or power lines, please show transmission plan area or location of power lines	Yes	No	N/A
<input type="checkbox"/> Section NA			Drainage/ Services (Complete for all types of applications)	<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		Storm Water – soak holes (sizes and depths), Council drains (if applicable) disposal	Yes	No	N/A
Yes	N/A		Design for any proposed drainage including that installed behind retaining walls	Yes	No	N/A
Comments – Council Use Only						

Customer Use Circle as appropriate		Doc ref./ page #	Garages / Farm Sheds / Decks	Council Use		
<input type="checkbox"/> Section NA				<input type="checkbox"/> Section Accepted		
<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		Dimensions of proposed building work	Yes	No	N/A
Yes	N/A		Construction joints to control concrete shrinkage	Yes	No	N/A
Yes	N/A		Finished floor levels/datum, daylight angles	Yes	No	N/A
<input type="checkbox"/> Section NA			Foundation Plan	<input type="checkbox"/> Section Accepted		
Yes	N/A		Foundation details and concrete strength, post foundations (must provide resistance to uplift)	Yes	No	N/A
<input type="checkbox"/> Section NA			Structure	<input type="checkbox"/> Section Accepted		
Yes	N/A		Framing, connections, bracing layout, details and calculations	Yes	No	N/A
Yes	N/A		Fixing details including wind fixings and structure to floor/foundation	Yes	No	N/A
<input type="checkbox"/> Section NA			Elevations	<input type="checkbox"/> Section Accepted		
Yes	N/A		Claddings, openings, clearly indicated and their locations	Yes	No	N/A
Yes	N/A		Daylighting (relevant to nearest boundary, if applicable)	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
<input type="checkbox"/> Section NA			Details	<input type="checkbox"/> Section Accepted		
Yes	N/A		Flashing details for openings, change of cladding, internal/external corners	Yes	No	N/A
Yes	N/A		Roof barge, ridge, apron, valley flashing details	Yes	No	N/A
<input type="checkbox"/> Section NA			Fire Wall (consider distance from boundary)	<input type="checkbox"/> Section Accepted		
Yes	N/A		Details provided for fire walls	Yes	No	N/A
<input type="checkbox"/> Section NA			Plumbing Fixtures (laundry or toilets in non-habitable buildings)	<input type="checkbox"/> Section Accepted		
Yes	N/A		Impervious finishes to linings and floors	Yes	No	N/A
Yes	N/A		Specifications for hot and cold water heating system (consider seismic restraints)	Yes	No	N/A
Yes	N/A		Wastes pipe size, gradient and ventilation	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

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Customer Use Circle as appropriate		Doc ref./ page #	Retaining Wall	Council Use		
<input type="checkbox"/> Section NA				<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

<input type="checkbox"/> Section NA		Marquee (complete supplementary form to identify specific requirements) / Temporary Structures	<input type="checkbox"/> Section Accepted			
Yes	N/A		Floor plan, size of marquee, and proposed fixture layout	Yes	No	N/A
Yes	N/A		Supplementary "Marquee Fire Safety and Hygiene Requirement" form completed	Yes	No	N/A
Yes	N/A		Specific engineering design for temporary structures provided	Yes	No	N/A
Yes	N/A		Number and location of exits including signage	Yes	No	N/A
Yes	N/A		Specific design and flammability testing documentation provided.	Yes	No	N/A
Yes	N/A		Fire safety systems identified including emergency lighting for night time use	Yes	No	N/A
Yes	N/A		Personal hygiene provisions	Yes	No	N/A
Yes	N/A		Accessibility provisions for those with a disability	Yes	No	N/A
Yes	-		Certificate for Public Use and Code Compliance Certificate application form completed	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		Buildings built prior to 2000 undergoing alt. or add. – Asbestos Declaration	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		
Yes	N/A		Geotechnical report for new and relocatable buildings	Yes	No	N/A
Yes	N/A		Relocatable/transportable Buildings – Please provide re-site report	Yes	No	N/A
<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 lodgment deposit is paid, for inspections, processing, certificates, government levies and the like.

Person completing checklist

Name of person signing:	_____	Date:	_____
Signature:	_____	<input type="checkbox"/> Agent <input type="checkbox"/> Owner <input type="checkbox"/> Other:	_____
Name to be on invoice:	_____		
Payment Details:	_____		

COUNCIL USE ONLY

Outcome of decisions – Council Use Only	Officer	Date	Time
<input type="radio"/> This application was not accepted for lodgment because documentation was incomplete			
<input type="radio"/> This application needs to be re-vetted			

<input checked="" type="radio"/> Documentation is now complete and the application is accepted for lodgement			
<input checked="" 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"/>				
Comments – Council Use Only									