

Scanned & Sent to
BC Admin

APPLICATION FOR BUILDING CONSENT



1. WHAT ARE YOU APPLYING FOR? *Tick all applicable*

- | | |
|---|--|
| <input checked="" type="checkbox"/> Building Consent | <input type="checkbox"/> Project Information Memo (PIM) ¹ |
| <input type="checkbox"/> Amendment to Building Consent ² | <input type="checkbox"/> Building Consent using a National Multiple-Use Approval ('MultiProof') ³ |
| <input type="checkbox"/> Staged Building Consent ² | |

² Please enter existing building consent number below:

³ Please enter National Multiple-Use Approval number below:

¹ For PIM applications complete Sections 1 to 7, and 13 only.
Follow instructions as per section.

2. WHAT BUILDING WORK ARE YOU DOING?

Residential		<i>Tick all applicable</i> <i>If your building work is not listed, tick Other and provide details</i>	
<input type="checkbox"/> New detached dwelling	<input type="checkbox"/> New multi-residential dwelling (more than 2 household units)	<input type="checkbox"/> Plumbing works	
<input type="checkbox"/> Major alterations/additions – any work that includes altering or attaching to the exterior of a building	<input type="checkbox"/> Minor alterations – any internal work that does not include altering the exterior of the building	<input checked="" type="checkbox"/> New solid fuel burner	
<input type="checkbox"/> Garage/detached carport	<input type="checkbox"/> Other (<i>please provide details below</i>)		
Commercial/Industrial		<i>Tick all applicable</i> <i>If your building work is not listed, tick Other and provide details</i>	
<input type="checkbox"/> New commercial/industrial building	<input type="checkbox"/> Major alterations/additions – any work that includes altering or attaching to the exterior of a building	<input type="checkbox"/> Seismic Strengthening	
<input type="checkbox"/> Minor alterations – any internal work that does not include altering the exterior of the building	<input type="checkbox"/> Internal fit-out only (including plumbing and ventilation)	<input type="checkbox"/> Other (<i>please provide details below</i>)	

3. WHERE IS THE BUILDING WORK? Complete all fields, enter N/A where not applicable

What is the street address? *No street address? State nearest street intersection and distance/direction from that intersection.	392 RIWAKA - KAITERITERI RD RD2 TAPU BAY MOTUEKA 7197		
Legal description:	LOT: 5	DP: 8455 BLK XII	Kaiteriteri SD
Building Name			
Location of building within site/block including near street access:			
Does the building or site have any cultural or heritage significance, or is it a Marae?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Provide details			
Is the subdivision of an existing site involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If a subdivision is proposed and you have not yet received a s224 certificate, the application will also need to provide any relevant information stating legal description as at the date of application and, if subdivision is proposed, include details of the relevant resource consent number and any proposed lot number.			
If Yes, complete the following:	Resource Consent No.		
	Proposed LOT No.		

4. WHO OWNS THE BUILDING OR LAND? Complete all fields

Owner name:	MRS Y.M OMAJE NEVILLE		Title: e.g. Mr, Mrs, Ms, Dr
Owner email address:			
Owner contact number:	03-527-8600 02102435304 0211499227		
Owner mailing address:	AS ABOVE		
Indicate which of the following Proof of Ownership documents is attached to your application Your document must be less than 3 months old			
<input type="checkbox"/> Copy of Certificate of Title	<input type="checkbox"/> Copy of Lease Agreement	<input type="checkbox"/> Agreement for Sale and Purchase	<input type="checkbox"/> Other document showing full name of legal owner
Are you using an Agent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If Yes, please also complete the following
Who is the first point of contact for further correspondence?	<input type="checkbox"/> Agent	<input type="checkbox"/> Owner	
Who is the first point of contact for invoicing?	<input type="checkbox"/> Agent	<input type="checkbox"/> Owner	
Agent name:			Title: e.g. Mr, Mrs, Ms, Dr
Agent email:			

Are there any other matters known to the applicant that may require authorisation from the territorial authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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If Yes, please provide a summary here

7. WHAT ARE THE DETAILS OF THE BUILDING WORK? Complete all fields, or enter N/A if not applicable

Provide a full description of the building work: <i>E.g. 4-bedroom dwelling with multiple cladding types and attached garage</i>	<p>Installing a replacement fire to existing location.</p> <p>Osburn 1600 (confirmed by owner) see specifications for model</p>
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Estimated value of the building work (including GST):	\$	3400 -
What is the intended life of the building?	<input type="checkbox"/> 50+ years	<input type="checkbox"/> Limited Life
If Limited Life, please indicate the intended life of the building	years	
Have you discussed this project with Council prior to applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project include Restricted Building Work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you applying for Owner/Builder exemption to complete the Restricted Building Work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes, please complete and attach the Statutory Declaration as to Owner Builder form
 If No, please complete and attach the Memorandum from Licensed Building Practitioner – Certificate of Design Work form for each type of building work being undertaken

Total number of floor levels:	2 storey garage underneath	Levels below ground:	
Current floor area:		Proposed new floor area:	

If you are making alterations to an existing dwelling, please complete the following

Is there any Recladding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Recladding covered by a claim under the Financial Assistance Package scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please provide Financial Assistance Package reference number:

Year first constructed:

Current lawful established use:

Proposed use:

Agent contact number:	
Agent mailing address:	

5. WHO'S INVOLVED IN THE BUILD? Complete all fields per line, or select N/A where not applicable

Role	N/A	Name	Registration	Contact Number
Designer	<input type="checkbox"/>		LBP:	
Architect	<input type="checkbox"/>		NZRAB:	
Structural Engineer	<input type="checkbox"/>		CPENG:	
			LBP:	
licensed by burner installer		Mark Williams		

6. WHAT ARE THE SPECIFICS OF THE SITE? Complete all fields, or enter N/A if not applicable

What is the wind zone?					
<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Very High	<input type="checkbox"/> Extra High	<input type="checkbox"/> Specific Design State value below
What is the exposure zone?		<input type="checkbox"/> Low (B)	<input type="checkbox"/> Medium (C)	<input type="checkbox"/> High/Sea spray (D)	
Does the proposed building work cover two or more allotments?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there public drains on the site?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the site subject to natural or created hazards such as erosion, subsidence, flooding, slips, cut and fill or contamination?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there any alterations to land contours (e.g. earthworks)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there new or altered connections to public utilities?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there new or altered locations and/or external dimensions of buildings?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there new or altered access for vehicles?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the building work over or adjacent to any road or public place?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the building work involve the disposal of storm-water or wastewater?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the building work over any existing drains or sewers or in close proximity to wells or water mains?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Will the building work result in a change of use of the building?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p><i>If you are unsure how to determine if a change of use will occur, please refer to the guidance provided by the Ministry of Business, Innovation and Employment: http://www.building.govt.nz/managing-buildings/change-of-use-and-alterations/</i></p> <p><i>If Yes, please provide details in the space below</i></p>		

8. WHAT CLAUSES OF THE BUILDING CODE DOES YOUR WORK COMPLY WITH?

PLEASE READ THE FOLLOWING CAREFULLY

- You are required to indicate what code clause(s) your building work complies with
 - Unless otherwise noted below, your application will be assessed under Acceptable Solutions
 - If you are using another means of compliance, please provide details of the standard(s) that your building work complies with and the means of compliance in the space provided. Use a separate sheet of paper if necessary.
 - If you do not provide all the necessary information to support your application, it will be returned unprocessed.
- ☐ I understand that this application is to be assessed against Acceptable Solutions, unless otherwise stated in the following section. Please tick to indicate your agreement

<input type="checkbox"/> B1 Structure	<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> G6 Airborne and impact sound
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> G7 Natural light
<input type="checkbox"/> C1 Protection from fire	<input type="checkbox"/> F3 Hazardous substances and processes	<input type="checkbox"/> G8 Artificial light
<input type="checkbox"/> C2 Prevention of fire occurring	<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> G9 Electricity
<input type="checkbox"/> C3 Fire affecting areas beyond fire source	<input type="checkbox"/> F5 Site safety	<input type="checkbox"/> G10 Piped services
<input type="checkbox"/> C4 Movement to place of safety	<input type="checkbox"/> F6 Visibility in escape routes	<input type="checkbox"/> G11 Gas as an energy source
<input type="checkbox"/> C5 Access and safety for fire-fighting operations	<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> G12 Water supplies
<input type="checkbox"/> C6 Structural stability	<input type="checkbox"/> F8 Signs	<input type="checkbox"/> G13 Foul water
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G14 Industrial liquid waste
<input type="checkbox"/> D2 Mechanical installations	<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G15 Solid waste
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> H1 Energy efficiency
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> G4 Ventilation	
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> G5 Interior environment	

Provide details of all Verification Methods being used (include relevant code clause and means of compliance)

Provide details of all Alternative Solutions being used (include relevant code clause and means of compliance) or details of any waivers and modifications (including applicable code clauses)

9. WHAT SPECIFIED SYSTEMS ARE INCLUDED IN YOUR BUILDING WORK? *Complete all fields*

Does your building work involve any Specified Systems (SS)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes: for Residential applications, please complete Specified System 16 (Cable Car)</i> <i>for Commercial/Industrial applications please complete Appendix A (Specified Systems)</i>					
SS16 Does your building work involve a cable car?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>If Yes, please indicate below</i>	
<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Altered	<input type="checkbox"/> Added	<input type="checkbox"/> Removed	
<i>Provide details</i>					
If applicable, what is the existing compliance schedule number:					
<i>For Commercial/Industrial applications, please complete the following fields:</i>					
Risk Group:					
Total occupancy numbers:					

10. DOES YOUR BUILDING REQUIRE A FIRE DESIGN REVIEW (DRU)?

Certain applications for building consent must be submitted to the New Zealand Fire Service Commission Fire Engineering Unit (FEU) for review. *For commercial/industrial applications please complete the following:*

Is your building of a type defined in the Gazette notice and section 46 of the Building Act 2004?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. HAVE YOU ATTACHED ALL REQUIRED DOCUMENTATION?

You are required to provide all the necessary documents to support your application. This includes (but is not limited to) the following sections:

- *Section 4: Proof of Ownership*
- *Section 6: Plans showing land and boundary features as required
PIM, development of contribution notice or certificate attached to PIM*
- *Section 7: Statutory Declaration as to Owner Builder form OR Memorandum of Licensed Building Practitioners – Certificate of Design Work (for each type of building work being undertaken)*
- *Section 8: Plans, specifications and other supporting information in relation to the compliance method of the build, e.g. where the work deviates from an Acceptable Solution method.*

Please check your application and ensure all the supporting information is attached otherwise your application will be returned unprocessed.

When you are satisfied your application is complete, please complete section 13 and send to your local Building Consent Authority.

Once you have filled out the form, including signatures, please save the application to your computer. You can then submit the application with supporting documentation to your local council.

If you are unsure about what information to include in your application, a guidance document is available ([click here](#)).

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 1993 you have the right to see and correct personal information the Council holds about you.

12. YOUR APPLICATION FEES

Your council will charge fees for your consent application. These will include statutory levies payable to BRANZ and the Ministry of Business, Innovation & Employment.

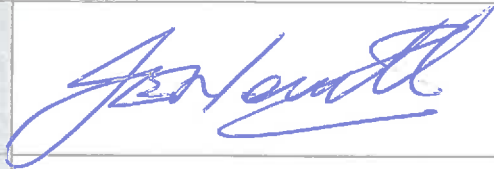
A full fee schedule can be found on the Council's website. Please consult this before submitting your application.

13. HAVE YOU SIGNED THE APPLICATION?

All of the information contained in this application is, to the best of my knowledge, true and correct.

I understand that work must not commence until the building consent is issued and uplifted

Name and signature of the owner/agent on behalf of and with the authority of the owner

Owner/Agent Name:	JERRY EDWARD NEVILLE
Owner/Agent Signature:	
Date:	

You can add a digital signature to this document, either using Adobe or your existing digital signature.

Your local council (or their web site) will be able to help you with information specific to the site your application covers.

APPENDIX A LIST OF SPECIFIED SYSTEMS

(COMMERCIAL / INDUSTRIAL BUILDING CONSENT APPLICATIONS)

The specified systems for the building are as follows:

Tick all applicable and outline the performance standards and reporting frequency

The following specified systems are existing, being altered, added to or removed in the course of the building work		Existing	Altered	Added/New	Removed	Complete this section if systems are new, altered or added only		
						Inspection performance standards	Maintenance performance standards	Reporting Frequency
SS1	Automatic systems for fire suppression (e.g. sprinkler systems) (includes Gas/Flood Systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS2	Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS3	Electromagnetic or automatic doors or windows							
	SS3.1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS3.2 Access control doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS3.3 Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS4	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS5	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS6	Riser mains for use by fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS7	Automatic backflow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS8	Lifts, escalators, travellers or other systems for moving people or goods within buildings							
	SS8.1 Passenger-carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS8.2 Service lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS8.3 Escalators and moving walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS9	Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS10	Building maintenance units (for providing access to the exterior and interior walls of a building)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

The following specified systems are existing, being altered, added to or removed in the course of the building work		Existing	Altered	Added/New	Removed	Complete this section if systems are new, altered or added only		
						Inspection performance standards	Maintenance performance standards	Reporting Frequency
SS11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS12	Audio Loops or other assistive listening system							
	SS12.1 Audio loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS12.2 FM radio frequency systems and infrared beam transmission systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS13	Smoke control systems							
	SS13.1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS13.2 Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS13.3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS14	Emergency power systems for, or signs relating to, a specified system in 1-13 above							
	SS14.1 Emergency power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS14.2 Signs for systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS15	Other fire safety systems or features							
	SS15.1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS15.2 Final exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS15.3 Fire separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS15.4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SS15.5 Smoke separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SS16	Cable cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

COUNCILS INVOLVED WITH GOSHIFT



GoShift is an initiative made up of more than 20 councils in central New Zealand, from Bay of Plenty in the north to Nelson at the top of the South Island. We are working together to bring consistency to the building consent process. Our logos are shown below.

GoShift's vision is to deliver a consistent and timely consenting experience. It is supported by the Ministry of Business Innovation and Employment (MBIE).



TO FIND OUT MORE VISIT
www.goshift.co.nz