



MANGONUI COUNTY COUNCIL

APPLICATION FOR A BUILDING PERMIT

OWNER

Name PETER EDWARDS.
Address C/O. S. RUSSELL.
KAIAKA, FAIRBURNS.
R.O.

BUILDER

Name MR GRANT SIMPSON
Mailing Address 53 CHURCH RD.
KAITIAH.

PROPERTY ON WHICH BUILDING IS TO BE ERECTED/~~DEMOLISHED~~

LOCATION

Street No. KAIAKA
Street Name FAIRBURNS RD.
Town/District KAITIAH.
Riding _____

LEGAL DESCRIPTION

Valuation Roll No. 50/379 PART
Lot 1 D.P. — 103296.
~~ALLOT 71, 72, 73, 74, 75, 76, 77, 78~~
Section _____ Block VII
Survey District TAKAHUE

PROPOSED USE OF BUILDING

DWELLING

AREA

NO OF UNITS

Whole
Sq. Metres

54.

Number
Erected

1

ESTIMATED
VALUES

Building
Drainage
Plumbing

18000.
12000
2000
1000.

TOTAL

\$ 15,000.
21000.

P. Edwards

Signature of applicant

Date

Phone No.

104 M.

FOR OFFICE USE ONLY

FEES:

BUILDING

\$ 14.4

B.R.A. LEVY

\$ 21

PLUMBING & DRAINAGE

\$ 60.

TOTAL

\$ 225=.

REC. NO.

7931

REC. NO.

REC. NO.

DATE

29/3/85

DATE

DATE

BUILDING PERMIT NO.

DATE ISSUED

APPROVING OFFICER

LOT 1

DP 103296

FAR NORTH DISTRICT COUNCIL

NOTIFICATION OF LICENSED TRADESMEN

(To be completed and returned to Council a minimum of 2 days prior to any work commencing.)

Building Consent No. BC 961767

APPLICANT

Name: RUSSELL, STEPHEN & ANNE
Contact: APPLICANT
Address: PO BOX 366, KAITAIA

Tel: 408 4324

PROJECT AND LOCATION

Description of Work: MAGNUM CAST IRON WOODSTOVE
Street Address: ORURU ROAD ORURU RIDING

Area: 25.70650 H Valuation No: 00050-379-03 WARD : NORTHERN

In compliance with the Plumbers, Drainlayers and Gasfitters Act 1976 and the Energy Sector Reform Act 1992, the following tradesman/men has/have been hired to carry out the work described in the above referenced Building Consent:

PLUMBER

Name: TONY MARSHALL

Address: DUNN STREET, KAITAIA

Telephone: 09-4080470

License No: 3891

Signature *T Marshall*

Date 28-05-96

DRAINLAYER

Name: _____

Address: _____

Telephone: _____

License No: _____

Signature _____

Date _____

ELECTRICIAN

Name: _____

Address: _____

Telephone: _____

License No: _____

Signature _____

Date _____

GASFITTER

Name: _____

Address: _____

Telephone: _____

License No: _____

Signature _____

Date _____