



12

Application for PIM and/or Building Consent

Section 33 or section 45, Building Act 2004

THIS ATTACHED

Working together



1. THE BUILDING [Complete ALL fields on this form - put N/A if not applicable]

Street address of building: 34 GIBSON ROAD

Legal description of land where building is located: Lot(s) <sup>House</sup> 1 DP/S 47758

Building name: RESIDENTIAL

Location of building within site / block number: [include nearest street access] N/A

Number of levels: [above & below ground] 1 Level / Unit Number: N/A

Floor area: 1 (sq m) [Indicate area affected by the building work]

Current, lawfully established, use: [add no. of occupants per level and per use if more than 1] DETACHED DWELLING AS PER USES CLASSIFIED IN BUILDING CODE

Year first constructed: [approximate date is acceptable e. g.: c1920s or 1960-1970] 1999 1950

OFFICE ONLY:

Consent / PIM No.: 2014/30755

Document or Parcel No.: 18152

Valuation No.:

Date received: 21 MAY 2014

BUILDING

2. THE OWNER

Name of Owner / Company: M CHONG & K LINWOOD

Contact person: AGENT

Mailing address: P.O.BOX 10460 TE RAPA HAMILTON 3241

Street address / registered office: N/A

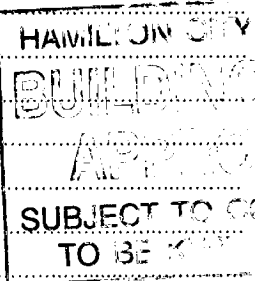
Phone Number: Landline: 8471488 Mobile: 022 6280456 Daytime: N/A After hours: N/A Facsimile number: N/A

Email address: N/A

Website: N/A

THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED TO THIS APPLICATION:

Certificate of Title  Lease Agreement  Agreement for Sale and Purchase  Other document



3. AGENT [if application is being made on behalf of the owner]

Name of Agent / Company: 4 SEASONS HAMILTON

Contact person: JOHN RIDLER

Mailing address: P.O.BOX 10460 TE RAPA HAMILTON 3241

Street address / registered office: 564 TE RAPA ROAD HAMILTON

Phone Number: Landline: 8494591 Mobile: N/A Daytime: 8494591 After hours: N/A Facsimile number: 8494596

Email address: hamilton@4seasonsaki.co.nz

Website: www.4seasons.co.nz 16165

Relationship to owner: [state details of the authorisation from the owner to make the application on the owner's behalf] Retailer and installer of solid fuel heaters

FIRST POINT OF CONTACT for communications with the Council (Building Consent Authority):  Owner  Agent

INVOICE TO:  Owner  Agent

4. APPLICATION [tick if applicable]

I request that for the building work described in this application, you issue:

A Project Information Memorandum (PIM) PLEASE COMPLETE SECTIONS 5 and 7

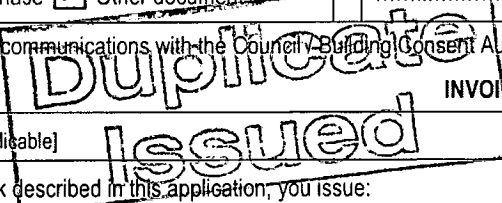
A Building Consent [The existing PIM No.: ..... (If applicable)] PLEASE COMPLETE SECTIONS: 5, 6, 8, 9 and 10

An Amendment to an existing Building Consent [Existing BC No.: .....] PLEASE COMPLETE SECTIONS: 5, 6, 8, 9 and 10

State the reference number if this application involves a National Multiple Use Approval: .....

Name: JOHN RIDLER Signature: [Signature] Date: 19-May-14

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



Res 1

**5. THE PROJECT** [if more than one project please list on a separate page]

DESCRIPTION OF THE BUILDING WORK: Provide enough information to enable scope of work to be fully understood, (e.g. adding ensuite to house)  
**installation to manufactures specs of a Jayline IS500 inbuilt solid fuel heater**

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 (e.g. home to hostel, implement shed to chemical storage, office to restaurant):

Intended life of the building if less than 50 years: *n/a* [Years]

List Building Consents previously issued for this project (if any): [List who issued the consent, the date of issue and the consent number]

**N/A**

Estimated value of the building work on which the building levy will be calculated (including goods and services tax):

**\$ 5000.00** [State estimated value as defined in section 7 of the Building Act 2004]

**6. RESTRICTED BUILDING WORK: BUILDING PRACTITIONERS INVOLVED IN THIS PROJECT**

Will the building work include any restricted building work?  Yes  No. If Yes, 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]

~~DESIGNER Name: ..... Licence Class: .....  
Registration / Licence No.: .....  
Address: .....  
Telephone: ..... Fax: ..... Mobile: .....  
Email: .....~~

~~ENGINEER Name: ..... Licence Class: .....  
Registration / Licence No.: .....  
Address: .....  
Telephone: ..... Fax: ..... Mobile: .....  
Email: .....~~

~~CARPENTER Name: ..... Licence Class: .....  
Registration / Licence No.: .....  
Address: .....  
Telephone: ..... Fax: ..... Mobile: .....  
Email: .....~~

~~ROOFER Name: ..... Licence Class: .....  
Registration / Licence No.: .....  
Address: .....  
Telephone: ..... Fax: ..... Mobile: .....  
Email: .....~~

~~EXTERNAL PLASTERER Name: ..... Licence Class: .....  
Registration / Licence No.: .....  
Address: .....  
Telephone: ..... Fax: ..... Mobile: .....  
Email: .....~~

**PLEASE CONTINUE SECTION 6 ON THE NEXT PAGE**

BRICK / BLOCKLAYER Name: ..... Licence Class: .....  
 Registration / Licence No.: .....  
 Address: .....  
 Telephone: ..... Fax: ..... Mobile: .....  
 Email: .....

FOUNDATION SPECIALIST Name: ..... Licence Class: .....  
 Registration / Licence No.: .....  
 Address: .....  
 Telephone: ..... Fax: ..... Mobile: .....  
 Email: .....

PLUMBER Name: (GLP PLUMBING LTD) GAVIN COYE ..... Licence Class: REG PLUMBER  
 Registration / Licence No.: 11074  
 Address: 61 KILLARNEY ROAD, FRANKTON, HAMILTON  
 Telephone: 8460481 ..... Fax: 8460482 ..... Mobile: N/A  
 Email: N/A ..... *Stu KBW*

GASFITTER Name: ..... Licence Class: .....  
 Registration / Licence No.: .....  
 Address: .....  
 Telephone: ..... Fax: ..... Mobile: .....  
 Email: .....

Other LBP Name: ..... Licence Class: .....  
 Registration / Licence No.: .....  
 Address: .....  
 Telephone: ..... Fax: ..... Mobile: .....  
 Email: .....

Other LBP Name: ..... Licence Class: .....  
 Registration / Licence No.: .....  
 Address: .....  
 Telephone: ..... Fax: ..... Mobile: .....  
 Email: .....

**7. PROJECT INFORMATION MEMORANDUM** The following matters are involved in the project: Tick the matters relevant to the project [do not fill in this section if the application is for a building consent only]

<input type="checkbox"/>	Subdivision
<input type="checkbox"/>	Alterations to land contours [e.g. digging out the site for a building platform]
<input type="checkbox"/>	New or altered connections to public utilities [e.g. Council sewer, storm water or water mains]
<input type="checkbox"/>	New or altered locations and / or external dimensions of buildings
<input type="checkbox"/>	New or altered access for vehicles
<input checked="" type="checkbox"/>	Building work over or adjacent to any road or public place
<input type="checkbox"/>	Disposal of stormwater and wastewater [e.g. are you altering domestic sewer or storm water drains]
<input type="checkbox"/>	Building work over any existing drains or sewers or in close proximity to wells or water mains
<input type="checkbox"/>	Is the site contaminated?
<input type="checkbox"/>	Will the building be sited on sloping ground, or near to a bank, a stream or a coastal zone?
<input type="checkbox"/>	Other matters known to the applicant that may require authorisations from the Territorial Authority: [Please attach]

**8. BUILDING CONSENT**

The following plans and specifications are attached to this application: [Note: All plans and specifications must meet the minimum requirements set out in the regulations or required by the Building Consent Authority (BCA)]

Refer to documents indicated on the applicant checklist  Other documents [Please specify]: .....

**THE BUILDING WORK WILL COMPLY WITH THE BUILDING CODE AS FOLLOWS:**

[If you're not sure which clauses are applicable, talk to your Designer]

Building Code clause [ <input checked="" type="checkbox"/> Tick / list relevant clause of building code]	Means of Compliance [Refer to relevant compliance document(s) or detail of alternative solution in the plans and specifications]		Waiver / modification required [Supporting documents recorded below]
	Acceptable Solution [Specify]	Other Means of Compliance – Verification Method or Alternative Solution [If <input type="checkbox"/> Other, then list at the end of this section]	
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> Other <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4229	<input type="checkbox"/> B1/VM1 <input type="checkbox"/> Other <input type="checkbox"/> AS/NZS1170 <input type="checkbox"/> SED	<input type="checkbox"/>
<input checked="" type="checkbox"/> B2 Durability	<input checked="" type="checkbox"/> B2/AS1	<input type="checkbox"/> B2/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input checked="" type="checkbox"/> C 1 – C6 Protection From Fire	<input checked="" type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2 <input type="checkbox"/> C/AS3 <input type="checkbox"/> C/AS4 <input type="checkbox"/> C/AS5 <input type="checkbox"/> C/AS6 <input type="checkbox"/> C/AS7	<input checked="" type="checkbox"/> Other <i>clum 1</i> <i>AS/NZS2918:2001</i>	<input type="checkbox"/>
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> D2 Mechanical installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS3500	<input type="checkbox"/> E1/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input checked="" type="checkbox"/> E2 External moisture	<input checked="" type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> E2/AS3	<input type="checkbox"/> E2/VM1 <input type="checkbox"/> Other <input type="checkbox"/> SED	<input type="checkbox"/>
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1	<input type="checkbox"/> F1/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F3 Hazardous substances / processes	<input type="checkbox"/> F3/AS1	<input type="checkbox"/> F3/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input checked="" type="checkbox"/> F5 Construction / Demolition hazards	<input checked="" type="checkbox"/> F5/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F6 Lighting for emergency	<input type="checkbox"/> F6/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input checked="" type="checkbox"/> F7 Warning systems	<input checked="" type="checkbox"/> F7/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G3 Food preparation / Prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input checked="" type="checkbox"/> G4 Ventilation	<input checked="" type="checkbox"/> G4/AS1	<input type="checkbox"/> G4/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G6 Airborne and impact sound	<input type="checkbox"/> G6/AS1	<input type="checkbox"/> G6/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1	<input type="checkbox"/> G7/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>

**PLEASE CONTINUE SECTION 8 ON THE NEXT PAGE**

Building Code clause	Acceptable Solution	Verification Method or Alternative Solution	Waiver / modification required
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> G8/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> G9/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> G10/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2	<input type="checkbox"/> G12/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> AS3500 <input type="checkbox"/> G13/AS3	<input type="checkbox"/> G13/VM1 <input type="checkbox"/> G13/VM4 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1	<input type="checkbox"/> G14/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1	<input type="checkbox"/> H1/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
Other	<input type="checkbox"/> BCH Back country huts <input type="checkbox"/> SH Simple House		<input type="checkbox"/>
<b>Waiver / Modification required</b> [List supporting documents]			
<b>Alternative Solution</b> [List supporting documents]			

**9. COMPLIANCE SCHEDULE** [do not fill in this section if this is an application for a Project Information Memorandum only]

- The specified systems for the building are as follows: [specified systems are defined in regulations] **OR**  
 The following specified systems are being altered, added to, or removed in the course of the building work: **OR**  
 There are **NO** specified systems in the building [Note: If unsure whether your building has specified systems, talk to the BCA or your architect]

The following specified systems are being altered, added to, or removed in the course of the building work: [Tick those that are applicable]	Existing [✓Tick]	New or Added [✓Tick]	Altered [✓Tick]	Removed [✓Tick]
SS1 Automatic systems for fire suppression (e.g. sprinkler 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 (other than a warning system for fire that is entirely within a household unit and serves only that unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation)				
SS3/1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS3/2 Access controlled 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 back-flow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS8 Lifts, escalators, travelators, 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 walks (travelators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS9 Mechanical ventilation or air conditioning systems				
SS9/1 Mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS9/2 Air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS10 Building maintenance units providing access to exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE CONTINUE SECTION 9 ON THE NEXT PAGE**

SS11 Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12 Audio loops or other assistive listening systems				
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 system or feature specified in any of clauses 1 to 13				
SS14/1 Emergency power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14/2 Signs in relation to any specified systems 1-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15 Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1 to 6, 9, and 13:				
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 (as defined by the Building Code)	<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"/>

**10. ATTACHMENTS** [Note: all plans and specifications must meet the minimum requirements set out in the regulations or required by the BCA]

The following documents are attached to this application: (Tick as applicable or put NA if there are no attachments)

- Plans and specifications [list] **PLANS AND SPECS** .....
- Memoranda (Certificates of Design Work) 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
- Other relevant information: (Please specify): *NA* .....

**11. MATAMATA PIAKO DISTRICT COUNCIL ONLY**

If your Building Consent is at Matamata Piako District Council, please tick which of your Council offices you wish to collect your Consent from when it is ready:

Te Aroha     
 Matamata     
 Morrinsville

OFFICE USE ONLY FEES PAYABLE:	AMOUNT (\$)	REFERRALS:
PIM		<b>Structural consultant:</b> Name: Sent: Returned:
Building Consent - Application fee - Approval fee - Inspection fee - Mileage	305 -	
Code Compliance Certificate		<b>Structural consultant:</b> Name: Sent: Returned:
BRANZ levy		
MBIE levy		<b>Other consultant:</b> Name: Sent: Returned:
Photocopying		
Microfilm (A3 / A4) / Scanning		<b>Other consultant:</b> Name: Sent: Returned:
Certificate of Title		
Street crossing administration		<b>NZ Fire Service:</b> Name: Sent: Returned:
Structural check		
Amendments to consent		<b>Historic Places Trust: (Notification)</b> Date advised:
External consultant 1		
External consultant 2		<b>ADDITIONAL NOTES AND / OR FEES:</b> POSTED INV 22/5/14
NZ Fire Service check		
Planning Bond / Resource Consent		Planning Officer: Date:
Planning Bond / Resource Consent		Building Officer: J. P. PARKER Date: 28/05/14
Rural connection		Engineer: Date:
Fire main		
Water connection		<b>CHECKED BY:</b> Officer: [Signature] Date: 29/5/14
Water disconnection		<b>ISSUED BY:</b> Officer: [Signature] Date: 29/5/14
Wastewater / sewerage connection		
Wastewater disconnection		Receipt No.:
Backflow inspection		Receipt No.: 05438245
Stormwater connection - mains		Receipt No.:
Stormwater connection - kerb & channel		
Stormwater disconnection		
CCTV survey wastewater		
CCTV survey stormwater		
Cellar indemnity		
Council bonds		
Compliance schedule		
Development Contributions: Water..... Stormwater.....Wastewater..... Transport / Roading..... Community infrastructure.....		
BCA accreditation	1 -	
Total fees (incl. GST)	306	
Deposit paid - Date: 22/5/14.	306 -	
Remainder fees due:		