



**Western Bay of Plenty**  
District Council

**Head Office** Barks Corner, Greerton, Tauranga  
Private Bag 12803, Tauranga Mail Centre, Tauranga 3143  
P 07 571 8008 (24 hours) • F 07 577 9820  
**Freephone** 0800 WBOPDC - 0800 926 732  
E customerservice@westernbay.govt.nz  
[www.westernbay.govt.nz](http://www.westernbay.govt.nz)

# Code Compliance Certificate

Section 95 Building Act 2004

Number: 81200

PIN No: 1089/146

## The Building

Street Address:  
195 BEACH ROAD (KK),

Legal Description:  
LOT 1 DP482274

Building Name (Not compulsory):

Location of Building within Site:

Level/Unit Number:

Current lawfully established use:  
HOUSING – DETACHED DWELLINGS

Year first constructed:

## The Owner

Name of Owner:  
NICOLL, JOHN WARWICK

Contact Person:  
NOVA ENERGY SOLAR LTD

Contact Mailing Address:  
PO BOX 2310  
SEVENTH AVENUE  
TAURANGA 3140

Contact Numbers:  
Day 0064 0800 668276  
Fax 0064 07 5712074

This building has no specified intended life.

Project:  
INSTALLATION OF SOLAR HOT WATER SYSTEM

## Building Work

Building Consent Number 81200 issued by Western Bay of Plenty District Council.

## Code Compliance

The building consent authority named below is satisfied, on reasonable grounds, that the building work complies with the building consent.

**Signature:**   
On behalf of Western Bay of Plenty District Council

**Date:** 24 February 2015



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24 February 2015

NICOLL, JOHN WARWICK  
PO BOX 144  
KATIKATI 3166

Dear Sir/Madam

**Final Inspection – Building Consent Number 81200**

A final assessment was recently carried out on your Building project and it was found to comply with the requirements of the NZ Building Code. Your Code Compliance Certificate is attached.

Thank you for your assistance on this project. We would be happy to assist with any future building projects that you may wish to undertake.

Yours faithfully

**Sandy Fleet**  
**Regulatory Services Team**



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# Building Consent

Section 51, Building Act 2004

**No: 81200**

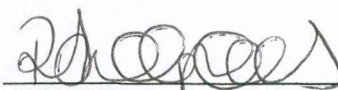
| The Building                          | The Owner                                                                                                                                                      |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Street Address<br>195 BEACH ROAD (KK) | Name of Owner<br>NICOLL, JOHN WARWICK                                                                                                                          |
| Legal Description<br>LOT 2 DPS54587   | †Contact Person<br>NOVA ENERGY SOLAR LTD                                                                                                                       |
| Building Name (Not compulsory)        | †Mailing Address<br>PO BOX 2310<br>SEVENTH AVENUE<br>TAURANGA 3140                                                                                             |
| Location of Building within Site      | Phone Numbers<br>Daytime day 0064 0800 668276<br>day 0064 07 5785281<br>After Hours day 0064 0800 668276<br>Mobile<br>Fax Fax 0064 07 5712074<br>Email Address |
| Level/Unit Number                     |                                                                                                                                                                |

| Building Work                                                                                                 |
|---------------------------------------------------------------------------------------------------------------|
| The following building work is authorised by this building consent:<br>INSTALLATION OF SOLAR HOT WATER SYSTEM |

This building consent is issued under Section 51 of the Building Act 2004. This building consent does not relieve the owner of the building (or proposed building) of any duty or responsibility under any other Act relating to or affecting the building (or proposed building).

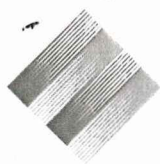
This building consent also does not permit the construction, alteration, demolition, or removal of the building (or proposed building) if that construction, alteration, demolition, or removal would be in breach of any other Act.

**Section 93(2) requires that an application for a Code Compliance Certificate must be made after two years from the date of granting this consent.**

  
**Signature**  
**On behalf of:** Western Bay of Plenty District Council

**Customer Services Officer / Regulatory Officer**  
**Position**

30.6.10  
**Date**



30 June 2010

NICOLL, JOHN WARWICK  
PO BOX 144  
KATIKATI 3166

Dear Sir/Madam

Thank you for applying for a building consent with Western Bay of Plenty District Council. The consent has now been issued and documentation is enclosed herewith.

Your building consent number is **81200**. You will need to quote this number when booking inspections.

For a Code Compliance Certificate to be issued on the completion of the project you must call for all of the inspections shown on the green sheet attached to your copy of the plans. Our Building Control Official (BCO) will work with you to achieve full compliance with the New Zealand Building Code.

Each inspection type required will be charged for therefore it is important that the work is ready when the BCO calls. Please note more than one inspection type may be carried out during a visit to the site. **Re- inspections to check on items that did not meet the code requirements and failed previous inspections may incur an inspection fee.**

The BCO is generally unable to approve stages of work undertaken that cannot be seen. Therefore it is important that work is not closed in before it has been inspected. Occasionally and only with the BCO's prior approval closing in work may be agreed to subject to photographs or other evidence as determined by the BCO.

Please book inspections by telephoning **(07) 579 6514** between **8am and 3pm**. We recommend you book inspections at least 3 days in advance.

#### **General Information Relating to this Building Consent:**

This consent is issued in respect of the documents lodged with the application as approved. If you wish to make changes to the project then the prior approval of Council is required. An amendment application and revised plans and specifications may be required. Additional fees will be payable.

The Building Act requires you to apply for a Code Compliance Certificate when the project is fully completed.

1. This building consent has been issued on the basis of the information supplied with the application and no pre consent site inspection has been made.

Obj

2. There are no specific items to be listed for this building consent.

**Specific Statutory Building Act 2004 Conditions applying to this Consent.**

Nil

Yours faithfully

A handwritten signature in black ink, consisting of a series of loops and a final flourish.

**Regulatory Officer**

81200

1,1

Office Use Only  
Application No

# Application for Project Information Memorandum/Building Consent

Section 33 and/or Section 45 Building Act 2004

22 JUN 2008  
Date Received  
WESTERN BOP  
DISTRICT COUNCIL

## Application for (tick all that are applicable)

|                                |                                                     |                                                   |                            |
|--------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------|
| <input type="radio"/> PIM Only | <input type="radio"/> Both PIM and Building Consent | <input checked="" type="radio"/> Building Consent | In accordance with PIM No: |
|--------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------|

## The Building

|                                                                                                                                                                                                                             |                                 |                                                    |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------|-------------------------------------------|
| Street address of building project: (for structures that do not have a street address, state the nearest street intersection and the distances and direction from that intersection)                                        | 195 Beach Road, Kati Kati, 3166 |                                                    |                                           |
| Legal description of land where building is located: (state legal description as at the date of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent) | Valuation No: 06816 735 02      | PIN No. (Office Use Only) 1089/1865                |                                           |
| Land Area: 1,9935                                                                                                                                                                                                           | Lot 2                           | (Circle Applicable One)<br>DP: 54587<br>ML:<br>SO: | Block No. IX<br>Survey District Kati Kati |
| Area: (total floor area of building work; including internal areas affected)                                                                                                                                                |                                 |                                                    |                                           |
| Current, lawfully established, use: (include number of occupants per level and per use if more than 1)                                                                                                                      | Residential Dwelling            |                                                    |                                           |
| Proposed use:                                                                                                                                                                                                               |                                 |                                                    |                                           |

## The Owner

|                                                                                                                                            |                                                       |                                                |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|-----------------------------|
| Name of owner: (full names)                                                                                                                | John Warwick & Janis Doreen NICOLL                    |                                                |                             |
| Contact person: (insert N/A if the applicant is an individual)                                                                             |                                                       |                                                |                             |
| Mailing address:                                                                                                                           | P O Box 144<br>Kati Kati                              |                                                |                             |
|                                                                                                                                            | Post Code: 3166                                       |                                                |                             |
| Street address/registered office                                                                                                           |                                                       |                                                |                             |
|                                                                                                                                            | Post Code:                                            |                                                |                             |
| Phone Number: 07-549-1377                                                                                                                  | Mobile:                                               | After Hours:                                   |                             |
| Fax Number:                                                                                                                                | Email Address:                                        |                                                |                             |
| Evidence of ownership is attached to this application:                                                                                     | <input type="radio"/> Agreement for Sale and Purchase | <input checked="" type="radio"/> Rates Invoice | <input type="radio"/> Lease |
| <input type="radio"/> Certificate of Title (date of title to be no older than 2 months from the date of lodgement of the building consent) |                                                       |                                                |                             |

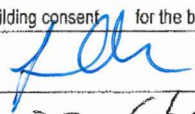
## The Project

|                                                                                                                                                                                                                                            |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Description of the building work: (provide sufficient description of building work to enable scope of work to be fully understood. Continue on a separate page if necessary, or refer to an attached document setting out the description) |                                                               |
| Installation of solar hot water Heating system<br>K250 Panel to 180L U cylinder                                                                                                                                                            |                                                               |
| Will the building work result in a change of use of the building?                                                                                                                                                                          | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If yes, provide details of the new use:                                                                                                                                                                                                    |                                                               |
| Intended life of the building if less than 50 years: (number of years)                                                                                                                                                                     |                                                               |
| List building consents previously issued for this property: (BC number only)                                                                                                                                                               |                                                               |
|                                                                                                                                                                                                                                            |                                                               |
| Estimated value of the building work on which the building levy will be calculated (including GST):<br>(state estimated value as defined in Section 7 of the Building Act 2004)                                                            | \$ 5580                                                       |

**The Agent** (only required if application is being made on behalf of the owner. Delete if not applicable).

|                                                                                                                                                                                       |                                        |              |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|------|
| Name of agent:                                                                                                                                                                        | Nova Energy Solar                      |              |      |
| Contact person: (insert N/A if the applicant is an individual)                                                                                                                        | Janice Chell                           |              |      |
| Mailing address:                                                                                                                                                                      | P.O. Box 2310                          |              |      |
| Street address/registered office:                                                                                                                                                     | Tauranga                               | Post Code:   | 3140 |
|                                                                                                                                                                                       | 15B Amber Cres                         |              |      |
|                                                                                                                                                                                       | Tauranga                               | Post Code:   |      |
| Phone Number: 578-5281                                                                                                                                                                | Mobile:                                | After Hours: |      |
| Fax Number: 571-2074                                                                                                                                                                  | Email Address: jchell@novaenergy.co.nz |              |      |
| Relationship to owner: (provide copy and state details of the authorisation from the owner to make the application on the owner's behalf)<br>(Copy of Authorisation to be attached)   | Agent                                  |              |      |
| First point of contact for communications with the Council/Building Consent Authority: (state full name, mailing address, phone number(s), facsimile number(s) and email address(es)) | Janice Chell                           |              |      |
|                                                                                                                                                                                       |                                        |              |      |
|                                                                                                                                                                                       |                                        |              |      |

**The Application** (tick one or both, as applicable)

|                                                                                                                                                                                        |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| I request that you issue a <input type="radio"/> project information memorandum <input checked="" type="radio"/> building consent for the building work described in this application. |                                                                                                |
| Signature of owner/agent on behalf of and with the authority of the owner: (delete one)                                                                                                | Signature:  |
| Date: 21/6/10                                                                                                                                                                          | Name: Janice Chell                                                                             |

**Payment of Fees by** (tick one)

|                             |                               |                                       |
|-----------------------------|-------------------------------|---------------------------------------|
| <input type="radio"/> Owner | <input type="radio"/> builder | <input type="radio"/> Other (specify) |
|-----------------------------|-------------------------------|---------------------------------------|

**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)

|                                                                                                                                      |                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Subdivision                                                                                                    | <input type="radio"/> Alterations to land contours                                                                  |
| <input type="radio"/> New or altered connections to public utilities                                                                 | <input type="radio"/> New or altered locations and/or external dimensions of buildings                              |
| <input type="radio"/> New or altered access for vehicles                                                                             | <input type="radio"/> Building work over or adjacent to any road or public place                                    |
| <input type="radio"/> Disposal of stormwater and wastewater                                                                          | <input type="radio"/> Building work over any existing drains or sewers or in close proximity to wells or watermains |
| <input type="radio"/> Storage of hazardous substances: (specify type and class)                                                      |                                                                                                                     |
| <input type="radio"/> Other matters known to the applicant that may require authorisations from the territorial authority: (specify) |                                                                                                                     |

# **Building Consent (do not fill in this section if the application is for a project information memorandum only)**

The building work will comply with the building code as follows: (if you're not sure which clauses are applicable, talk to your designer)

| Clause (Tick which relevant clauses of the Building Code will be involved in the building work) | Means of compliance (refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications. Tick N/A if not applicable)                                                                                                                                                                                              | Alternative solution or other (please specify) |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| B1 Structure                                                                                    | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS2 <input type="checkbox"/> B1/AS3 <input type="checkbox"/> B1/AS4 <input type="checkbox"/> B1/VM1 <input type="checkbox"/> B1/VM4<br><input type="checkbox"/> NZS3604 <input type="checkbox"/> AS/NZS 1170 <input type="checkbox"/> NZS 4221 | <input type="checkbox"/>                       |
| B2 Durability                                                                                   | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> B2/AS1 <input type="checkbox"/> B2/VM1 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS 3602 <input type="checkbox"/> NZS 3101                                                                                                                                      | <input type="checkbox"/>                       |
| C1 Outbreak of fire                                                                             | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> C/AS1                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                       |
| C2 Means of escape                                                                              | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> C/AS1                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                       |
| C3 Spread of fire                                                                               | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> C/AS1                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                       |
| C4 Structural stability during fire                                                             | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> C/AS1                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                       |
| D1 Access routes                                                                                | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> D1/AS1 <input type="checkbox"/> D1/VM1 <input type="checkbox"/> NZS 4121                                                                                                                                                                                                                     | <input type="checkbox"/>                       |
| D2 Mechanical installations for access                                                          | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3 <input type="checkbox"/> NZS 4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115                                                                                                                        | <input type="checkbox"/>                       |
| E1 Surface water                                                                                | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> E1/AS1 <input type="checkbox"/> E1/VM1 <input type="checkbox"/> AS/NZS3500.3                                                                                                                                                                                                                 | <input type="checkbox"/>                       |
| E2 External moisture                                                                            | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/VM1                                                                                                                                                                                                                                            | <input type="checkbox"/>                       |
| E3 Internal moisture                                                                            | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> E3/AS1                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| F1 Hazardous agents on site                                                                     | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> F1/AS1 <input type="checkbox"/> F1/VM1                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| F2 Hazardous building materials                                                                 | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS 4223                                                                                                                                                                                                                                                     | <input type="checkbox"/>                       |
| F3 Hazardous substances & processes                                                             | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> F3/AS1 <input type="checkbox"/> F3/VM1                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| F4 Safety from falling                                                                          | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act                                                                                                                                                                                                                                                      | <input type="checkbox"/>                       |
| F5 Construction and demolition hazards                                                          | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> F5/AS1                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| F6 Lighting for emergency                                                                       | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> F6/AS1                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| F7 Warning systems                                                                              | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> F7/AS1 <input type="checkbox"/> AS/NZS 1568 <input type="checkbox"/> NZS 4512 <input type="checkbox"/> NZS 4515                                                                                                                                                                              | <input type="checkbox"/>                       |
| F8 Signs                                                                                        | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> F8/AS1                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| G1 Personal hygiene                                                                             | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G1/AS1                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| G2 Laundering                                                                                   | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G2/AS1                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| G3 Food preparation and prevention of contamination                                             | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G3/AS1                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| G4 Ventilation                                                                                  | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G4/AS1 <input type="checkbox"/> G4/VM1 <input type="checkbox"/> AS 1566.2                                                                                                                                                                                                                    | <input type="checkbox"/>                       |
| G5 Interior environment                                                                         | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G5/AS1                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| G6 Airborne and impact sound                                                                    | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G6/AS1 <input type="checkbox"/> G6/VM1                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| G7 Natural light                                                                                | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G7/AS1 <input type="checkbox"/> G7/VM1                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| G8 Artificial light                                                                             | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G8/AS1 <input type="checkbox"/> G8/VM1 <input type="checkbox"/> NZS6703                                                                                                                                                                                                                      | <input type="checkbox"/>                       |
| G9 Electricity                                                                                  | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G9/AS1 <input type="checkbox"/> G9/VM1                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       |
| G10 Piped services (piping of dangerous substances in buildings)                                | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G10/VM1 <input type="checkbox"/> NZS 5261                                                                                                                                                                                                                                                    | <input type="checkbox"/>                       |
| G11 Gas as an energy source                                                                     | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G11/AS1                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                       |
| G12 Water supplies                                                                              | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2 <input type="checkbox"/> AS/NZS 3500.1 <input type="checkbox"/> S/NZS 3500.4 <input type="checkbox"/> S/NZS 3500.5                                                                                                                                  | <input type="checkbox"/>                       |
| G13 Foul water                                                                                  | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> AS/NZS 3500.2 <input type="checkbox"/> BS 5572                                                                                                                                                                             | <input type="checkbox"/>                       |
| G14 Industrial liquid waste                                                                     | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G14/AS1 <input type="checkbox"/> G14/VM1                                                                                                                                                                                                                                                     | <input type="checkbox"/>                       |
| G15 Solid waste                                                                                 | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> G15/AS1                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                       |
| H1 Energy efficiency                                                                            | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS 4214 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4243                                                                                                                                                                                   | <input type="checkbox"/>                       |
| Waiver/modification (state nature of waiver or modification of building code required)          |                                                                                                                                                                                                                                                                                                                                                               |                                                |

**Compliance Schedule (do not fill in this section if the application is for a project information memorandum only)**

|                                  |                                                                                                                                                                                      |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="radio"/> | There are no specified systems in the building.                                                                                                                                      |
| <input type="radio"/>            | The specified systems for the building are indicated below:                                                                                                                          |
| <input type="radio"/>            | Automatic systems for fire suppression (for example, sprinkler systems).                                                                                                             |
| <input type="radio"/>            | 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 services only that unit). |
| <input type="radio"/>            | Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation).                                                                               |
| <input type="radio"/>            | Emergency lighting systems.                                                                                                                                                          |
| <input type="radio"/>            | Escape route pressurisation systems.                                                                                                                                                 |
| <input type="radio"/>            | Riser mains for use by fire services.                                                                                                                                                |
| <input type="radio"/>            | Automatic back-flow preventers connected to a potable water supply.                                                                                                                  |
| <input type="radio"/>            | Lifts, escalators, travelators, or other systems for moving people or goods within buildings.                                                                                        |
| <input type="radio"/>            | Mechanical ventilation or air condition systems.                                                                                                                                     |
| <input type="radio"/>            | Building maintenance units providing access to exterior and interior walls of buildings.                                                                                             |
| <input type="radio"/>            | Laboratory fume cupboards.                                                                                                                                                           |
| <input type="radio"/>            | Audio loops or other assistive listening systems.                                                                                                                                    |
| <input type="radio"/>            | Smoke control systems.                                                                                                                                                               |
| <input type="radio"/>            | Emergency power systems for, or signs relating to, a system or feature specified in any of the above.                                                                                |
| <input type="radio"/>            | The following specified systems are being altered, added to, or removed in the course of the building work: (insert N/A if not applicable)                                           |
|                                  |                                                                                                                                                                                      |
|                                  |                                                                                                                                                                                      |
|                                  |                                                                                                                                                                                      |
|                                  |                                                                                                                                                                                      |

| Building Fees (Office Use Only)       |  | Amount   |
|---------------------------------------|--|----------|
| Application Fee                       |  | \$       |
| Project Information Memorandum        |  | \$       |
| Plan checking deposit                 |  | \$       |
| BCA Accreditation and Assessment Levy |  | \$ 25.00 |
| Inspection <i>x1</i>                  |  | \$       |
| DBH Levy                              |  | \$       |
| BRANZ Levy                            |  | \$       |

| Other Fees                                                                             |  | Amount |
|----------------------------------------------------------------------------------------|--|--------|
| Title Endorsements                                                                     |  | \$     |
| Actual Processing charges based on time taken calculated when all processing completed |  | \$     |
|                                                                                        |  | \$     |
|                                                                                        |  | \$     |
|                                                                                        |  | \$     |
| Total                                                                                  |  | \$     |

| Payment Details | Date | Receipt Details | Amount |
|-----------------|------|-----------------|--------|
| LO/BCON:        |      |                 | \$     |
| Balance Due:    |      |                 | \$     |

| Building Consent Can be Issued                     |                      |
|----------------------------------------------------|----------------------|
| Building Officer Signature: <i>[Signature]</i>     | Date: <i>28-6-10</i> |
| Planner Signature:                                 | Date:                |
| *Time taken to process consent (to nearest 15min): | <i>30 mins</i>       |



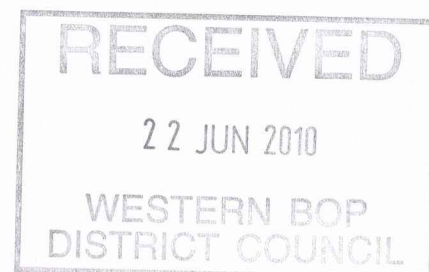
# CHECKLIST for completing Building Consent and Project Information Memorandum Application Form

Cameron Road  
Private Bag 12803  
Tauranga  
Phone: 07 571 8008  
Fax: 07 577 9820  
customer@westernbay.govt.nz  
www.westernbay.govt.nz

Please read the application form and "The Building Consent Process" brochure thoroughly before completing.

## Have you provided

1. ☒ Two copies of all plans and attachments. (Note: If two complete sets are not supplied, relevant photocopying fees and an administration fee of \$10 will be charged).
2. Site Plan drawn to a minimum recommended scale of 1:200 including:
  - ☒ (a) The property boundaries and distances to the nearest parts of the proposed and existing buildings.
  - ☐ (b) All existing buildings.
  - ☐ (c) The proposed layout or existing wastewater, stormwater drain and mains, septic tanks and effluent trenches and stormwater disposal.
  - ☐ (d) The site has been pegged out and easily identified.
  - ☐ (e) Contours of land.
3. Floor Plan for each floor level to a minimum scale of 1:100 including:
  - ☒ (a) Complete floor layout indicating the use of each area.
  - ☐ (b) Location of plumbing and sanitary fittings.
  - ☐ (c) Lintel sizes, waste and vent pipes and their sizes.
4. Elevations of 1:100 scale for each external wall showing:
  - ☐ (a) Heights of natural and proposed ground levels where earthworks are proposed.
  - ☐ (b) Finishing materials and their full description eg timber weatherboard (external only).
  - ☐ (c) Location of wall and roof bracing.
  - ☒ (d) Daylighting lines for all boundaries closer than 8m to the building. (Note: there may be occasions when daylighting lines are required for distances greater than 8m).



The above items are a minimum requirement for all applications (elevations not required for internal work only).

The following may be required depending on the type of project and your designer will be able to advise you accordingly

5. Foundation Plan
  - ☐ (a) timber floors – showing location of piles and sub-floor timber braces. Foundation for perimeter walls and internal piling system.
  - ☐ (b) concrete floors – a detailed cross section and plan showing support under loadbearing walls.
6. Cross Section Details showing
  - ☐ (a) foundation details, floor systems, wall and roof construction.
  - ☐ (b) location of wall cladding and roof covering.
  - ☐ (c) construction details of terraces, steps, balustrades and all unusual items.
  - ☐ (d) details of thermal insulation to be shown (dimension, type and value).

7. Roof Framing Plan

- NA ☐ (a) show size, position and details of all rafters, girder trusses and beams.  
☐ (b) detail or describe all connections of trusses to girder trusses, beams to posts, truss to beam etc.  
☐ (c) full information of trusses being used.

8. Wall and Floor Bracing Calculations

- NA ☐ (a) plans and calculations detailing location of bracing elements.  
☐ (b) specify or show fixing details for bracing elements.  
☐ (c) Note: one room additions; locate bracing requirements and their respective values in the elevations.

9. Monolithic Cladding

- NA ☐ (a) details of "recognised system" to be used.  
☐ (b) flashing and weatherproofing details at all wall/roof junctions, parapets, deck, barrier junctions, openings, adjoining different claddings and jointing of sheets (if relevant).

10. Relocatable Building – Information required:

- NA ☐ (a) site plan, floor layout, foundation plan including bracing details and calculations.  
☐ (b) elevations or photographs.  
☐ (c) details of other work involved.

11. Specific Design

- NA ☐ (a) full engineering calculations and drawings.  
☐ (b) producer statements.  
☐ (c) soil or geotechnical report.  
☐ (d) written description of the building model and techniques to be used in construction.  
☐ (e) roof truss and beam design.

12. An additional copy of all plans and attachments (including Fire Report) are required for New Zealand Fire Service consultation if you answer yes to any of the following questions AND your proposal is an alternative solution to the Building Code:

- NA ☐ (a) are hazardous substances stored? Yes ☐ No ☐  
☐ (b) are early childhood facilities provided? Yes ☐ No ☐  
☐ (c) is specialised care for people with a disability provided? Yes ☐ No ☐  
☐ (d) is specialised nursing, medical or geriatric care provided? Yes ☐ No ☐  
☐ (e) are people in lawful detention? Yes ☐ No ☐  
☐ (f) can 100 or more people gather in a common venue? Yes ☐ No ☐  
☐ (g) can 100 or more people gather for different purposes or activities? Yes ☐ No ☐  
☐ (h) are there facilities for more than 10 employees? Yes ☐ No ☐

The New Zealand Fire Service checklist form must also be completed.

**Your application may be returned if the information and application form is incomplete.**

Please contact our Customer Care Service Staff at our Barks Corner Office (07) 571 8008 or 0800 926 732 if you require any assistance. Our postal address is Private Bag 12803, Tauranga. Our website address is [www.wbopdc.govt.nz](http://www.wbopdc.govt.nz).

**Linked Forms and Brochures**

Brochure: The Building Consent Process

Form: Building Consent Application Form



Office Use Only  
Application No

## Project Information Memorandum/Building Consent

### Office Use Only

#### Criteria for Acceptance: Counter and Postal Applications

##### Application

|        |                                                            |                                         |                             |
|--------|------------------------------------------------------------|-----------------------------------------|-----------------------------|
| Q1 & 2 | Owner and agent (if applicable) details completed in full. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Q3     | Address for Service.                                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Q4     | Application details of proposed activity.                  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Q5     | Details of Project Location.                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Q6     | Legal Description.                                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Q7     | Details of fee payer.                                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Q8     | Application signed and dated.                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Q9     | Key personnel involved in project.                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Q14    | Ownership details provided.                                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

##### Guide for Applicants

Check that plans drawn to scale indicate:

|     |                                                                                |                                         |                                        |
|-----|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| (a) | Site plan that identifies the property boundaries and distances to boundaries. | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (b) | Any other buildings (highlighting proposed building).                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (c) | Existing and proposed waste and stormwater layout.                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (d) | Floor layout indicating size and use of each area.                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (e) | Location of plumbing and sanitary fittings.                                    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (f) | Elevations or photographs (if relocatable).                                    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (g) | Foundation details.                                                            | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (h) | Cross section details.                                                         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (i) | Roof framing details.                                                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (j) | Wall and floor bracing calculations.                                           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (k) | Monolithic cladding details.                                                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (l) | Specific design details.                                                       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
|     | Appropriate application fee paid.                                              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
|     | Two copies of plans and attachments provided.                                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

**Note:** If any criteria indicates "NO", the application may be incomplete.

Is application complete?

☒ Yes ☐ No

If incomplete, the reasons are:

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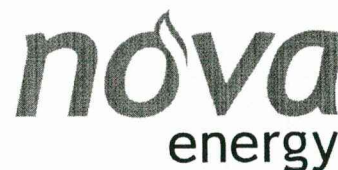
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Reference of Advice to Applicant

Date:

DATE  
STAMP  
(if accepted  
as complete)



Accredited SIA Solar Water Heating Installer

Date

3/6/10

Attention:

**NOVA ENERGY SOLAR**

|a| PO Box 2310 | Tauranga 3140

15 B Amber Cres | Tauranga 3110

|p| 07 578 5281 |f| 07 571 2074

|e| [solar@novaenergy.co.nz](mailto:solar@novaenergy.co.nz)

To whom it may concern

**re: COUNCIL CONSENT FOR SOLAR WATER HEATING SYSTEM FOR:**

Mr

John Nicoll

Address

195 Beach Rd Kahikahi

This letter serves to advise I, the above named, have appointed Nova Energy Solar Ltd to act on my behalf as an agent for the application of council consent and also to search for and copy any relevant information from my property file.

Yours faithfully

A handwritten signature in cursive script, appearing to read "John Nicoll", written over a horizontal dashed line.

**District Council**



Combined Tax Invoice GST Reg No: 52 544 300  
Rates Instalment 2 of 2  
Rates Invoice for 2009/2010, 01 Jan 2010 - 30 Jun 2010

Barkes Corner, Cameron Road, Private Bag 12803 Tauranga Mail Centre 3143  
Telephone 07 571 8008 Facsimile 07 577 9820 www.westernbay.govt.nz

NICOLL, JOHN WARWICK  
NICOLL, JANIS DOREEN  
PO BOX 144  
KATIKATI 3166

Valuation No: 06816 735 02  
Invoice No: 2010/243951  
Invoice Date: 12 February 2010  
Location: 195 BEACH ROAD (KK)  
Land Area (ha): 1.9935Ha  
Legal Description: LOT 2 DPS 54587 LOT 2 DPS 62007 BLK IX  
KATIKATI SD

Land Value \$405,000.00 Capital Value \$945,000.00 Special Land Value \$0.00

| 1 July 2009 to 30 June 2010                               | Western Bay of Plenty<br>District Council | Environment<br>Bay of Plenty | Combined Annual<br>Amount |
|-----------------------------------------------------------|-------------------------------------------|------------------------------|---------------------------|
| <b>Total Rates This Year</b><br>(See reverse for details) | 2,114.47                                  | 132.88                       | 2,247.35                  |
| <b>Opening Balance</b> from prior year                    | 0.00                                      | 0.00                         | 503.17CR                  |
| <b>Previous Instalment This Year</b>                      | 1,057.26                                  | 66.44                        | 1,123.70                  |
| <b>Payments Received This Year</b>                        | 554.09CR                                  | 66.44CR                      | 620.53CR                  |
| <b>Penalties Incurred This Year</b>                       | 0.00                                      | 0.00                         | 0.00                      |
| <b>Adjustments This Year</b>                              | 0.00                                      | 0.00                         | 0.00                      |
| <b>Balance Brought Forward</b> (including GST)            | 503.17                                    | 0.00                         | 0.00                      |
| <b>This Instalment</b> (excluding GST)                    | 939.74                                    | 59.06                        | 998.80                    |
| <b>GST</b> (on instalment)                                | 117.47                                    | 7.38                         | 124.85                    |
| <b>Current Instalment Total</b>                           | 1,057.21                                  | 66.44                        | 1,123.65                  |
| <b>Total Now Due By 26 March 2010</b>                     |                                           |                              | <b>\$1,123.65</b>         |

Payments received after 3 February 2010 are not included in Total Now Due

A 10% penalty will be applied to any unpaid portion of this instalment at the close of business on 26 March 2010

**Summary of Instalments and Penalties**

|                | Due Date  | Instalment Amount | Penalty Date | Discount Date |
|----------------|-----------|-------------------|--------------|---------------|
| 1st Instalment | 18-Sep-09 | 1,123.70          | 23-Oct-09    | 25-Sep-09     |
| 2nd Instalment | 26-Feb-10 | 1,123.65          | 26-Mar-10    |               |

## **Advice on Time Limits to Start and Complete Your Building Work**

### **Commencement of Work**

Under Section 52 of the Building Act 2004, a building consent lapses and is of no effect if the building work to which it relates does not commence within 12 months after the date of issue of the building consent.

### **Completion of Work**

All building work to which this building consent relates is to be completed within two years of the approval date of this building consent.

If the building work is likely to extend beyond two years then Council must be advised in writing with a programme of the work outstanding and an estimated completion date. If Council can not extend this period then a new building consent will need to be applied for to complete the work. There is a lodgement fee to pay at the time of applying for an extension of time.