

APPLICATION FOR CODE COMPLIANCE CERTIFICATE (Form 6)

Section 92. Building Act 2004.

1. What is the Building Consent? *Complete this field*

Building consent number:	
Issued by: (name of building consent authority)	

2. Who owns the building? *Complete all fields, using N/A if a field is not applicable*

Owner name:		Title: e.g. Mr, Mrs, Ms, Dr	
Contact person:			
Owner mailing address:			
Street address / registered office:			
Owner email address:			
Owner contact numbers:	Ph:	Cell:	
Are you using an Agent?	☐ Yes	☐ No	<i>If Yes, please also complete the following</i>
Who is the first point of contact for further correspondence?	☐ Agent	☐ Owner	
Agent name:			
Agent email:			
Agent contact numbers:	Ph:	Cell:	
Agent mailing address:			
Relationship to owner:			

3. When was the building work completed? *Complete this field*

All building work to be carried out under the building consent specified on this form was completed on:	dd /mm / yyyy

4. Who completed the building work? *Complete all fields on each line. You will need to complete one line for each building practitioner. Use a separate sheet if necessary.*

The licensed building practitioner(s) who carried out/supervised the restricted building work is/are:			
Name:	Licensing class:	LBP or registration number:	Work carried out / supervised:

Name:	Licensing class:	LBP or registration number:	Work carried out / supervised:
Tradespeople who carried out building work other than restricted building work are as follows:			
Name:	Address:	Contact number:	Registration number:
The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:			

5. Declaration

☐ I understand that this application may *only* be made with the owner's approval. *Please tick to indicate your agreement.*

I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004. The code compliance certificate should be sent to:

☐ Owner
 ☐ Agent
 ☐ Owner address as per Section 2
 ☐ Agent address as per Section 2

Name:	
Signature:	
Date:	

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

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

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

6. Have you attached all required documents?

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

- *Memorandum of Licensed Building Practitioners – Record of Work (for each type of building work completed)*
- *Certificates relating to energy work*
- *Evidence that specified systems are capable of performing to the performance standards set out in the building consent (if changed from the building consent)*
- *Other documents from personnel who carried out the work.*

Refer to your building consent approval letter for a full list of documents required to support your Code Compliance Certificate application.

Form 6A

Memorandum from licensed building practitioner: Record of building work

Section 88, Building Act 2004

Please fill in the form as fully and correctly as possible.

If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING

Street address: **Lot 30, 25 Springvale Road**

Suburb: **Springvale**

Town/City: **Whanganui**

Postcode: **4501**

THE PROJECT

Building consent number: **BCon18/0658**

THE OWNER(S)

Name(s): **Mr. Guy & Mrs. Gillian Lennox**

Mailing address: **165A Great North Road**

Suburb: **Otamatea**

PO Box/Private Bag:

Town/City: **Whanganui**

Postcode: **4501**

Phone number:

Email address:

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK		
PRIMARY STRUCTURE		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing ☒	Boxing and set steel reinforcing for concrete slab foundation	☒ Carried out ☒ Supervised
Walls ☒	Fixing timber wall framing	☒ Carried out ☒ Supervised
Roof ☒	Fixing timber roof trusses	☒ Carried out ☒ Supervised
Columns and beams ☒	Fixing 90x90 timber Portico & Verandah post and beams	☐ Carried out ☐ Supervised
Bracing ☒	Fixing Gib board bracing	☒ Carried out ☒ Supervised
Other ☐		☐ Carried out ☐ Supervised

EXTERNAL MOISTURE MANAGEMENT SYSTEMS		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing ☒	Brush black seal to rebate of foundation Put polythene to underneath foundation	☒ Carried out ☒ Supervised
Roof cladding or roof cladding system ☐	N/A	☐ Carried out ☐ Supervised
Ventilation system (for example, subfloor or cavity) ☒	Fix weatherboard wall cladding with 20mm cavity battens	☒ Carried out ☒ Supervised
Wall cladding or wall cladding system ☒	Fix weatherboard wall cladding	☒ Carried out ☒ Supervised
Waterproofing ☐	N/A	☐ Carried out ☐ Supervised
Other ☐		☐ Carried out ☐ Supervised

ISSUED BY

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.

Name: **Edgardo Anusencion**

LBP number: **BP126130**

Class(es) licensed in:

Carpentry

Plumbers, Gasfitters and Drainlayers registration number (if applicable):

Mailing address (if different from below):

Street address/Registered office:

Suburb: **Aramoho**

Town/City: **Whanganui**

PO Box/Private Bag

Postcode: **4500**

Phone number:

Mobile: **0277420523**

After hours: **0277420523**

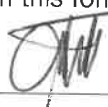
Fax:

Email address: **ecanusencion@yahoo.com**

Website:

DECLARATION

I, **Edgardo Anusencion** carried out or supervised the restricted building work recorded on this form.

Signature: 

Date: **22-08-19**



PO Box 2055
Gonville
Wanganui 4543

Phone: 06 348 4838
email: broadroofing@xtra.co.nz

Memorandum from Licensed Building Practitioner:

Record of Building Work

Section 88, Building Act 2004

THE BUILDING / THE OWNER

Owners Name: Guy & Gillian Lennox
Building Address: Lot 30, 25 Springvale Road
Suburb: Springvale
Town/City: Wanganui
Email:

PO Box:
Postcode: 4501
Phone:

BUILDING CONSENT NUMBER:

Bcon18/0658

External Moisture Management System

Work that is restricted building work	Description of restricted building work	Carried or Supervised
☒ Roof cladding or roof cladding system.	Installation of roofing and accessories per manufacturer's specification.	☐ Carried Out ☒ Supervised

ISSUED BY- Name and contact details of the LBP who is licensed to carry out or supervise restricted building work.

Name: John Broad LBP Number: BP104512
Classes licensed in: 1, 2 and 3
Street Address/Registered Office: 8 Wicksteed Road Phone: 06 3484838
Suburb: RD 4 Mobile: 027 4559296
Town/City: Wanganui Postcode: 4574 Email: broadroofing@xtra.co.nz

DECLARATION

I John Broad carried out or supervised the restricted building work recorded on this form.

Signature: [Signature]

Date: 12 February 2019

Form 6A

Memorandum from licensed building practitioner: Record of building work

Section 88, Building Act 2004

Please fill in the form as fully and correctly as possible.

If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING	
Street address: Lot 30, 25 Springvale Road	
Suburb: Springvale	
Town/City: Whanganui	Postcode: 4501

THE PROJECT
Building consent number: BCon18/0658

THE OWNER(S)	
Name(s): Mr. Guy & Mrs. Gillian Lennox	
Mailing address: 165A Great North Road	
Suburb: Otamatea	PO Box/Private Bag:
Town/City: Whanganui	Postcode: 4501
Phone number:	Email address:

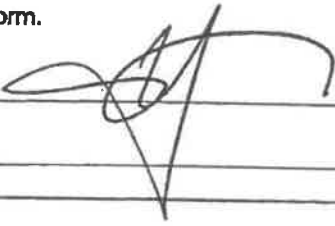
RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

PRIMARY STRUCTURE

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing ☐	N/A	☐ Carried out ☐ Supervised
Walls ☐	N/A	☐ Carried out ☐ Supervised
Roof ☐	N/A	☐ Carried out ☐ Supervised
Columns and beams ☐	N/A	☐ Carried out ☐ Supervised
Bracing ☐	N/A	☐ Carried out ☐ Supervised
Other ☐		☐ Carried out ☐ Supervised

EXTERNAL MOISTURE MANAGEMENT SYSTEMS		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing ☒	Building paper wrap and sound conditions Penetration covered by window tape.	☒ Carried out ☒ Supervised
Roof cladding or roof cladding system ☐	N/A	☐ Carried out ☐ Supervised
Ventilation system (for example, subfloor or cavity) ☒	Vent holes top and bottom. Vent holes every second brick.	☒ Carried out ☒ Supervised
Wall cladding or wall cladding system ☒	Masonry brick veneer on 50mm cavity with 5 ties per square metre.	☒ Carried out ☒ Supervised
Waterproofing ☐	N/A	☐ Carried out ☐ Supervised
Other ☐		☐ Carried out ☐ Supervised

ISSUED BY	
Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name: Guang Yong Chen	LBP number: BP 122867
Class(es) licensed in:	
Bricklaying/Blocklaying	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below):	
Street address/Registered office:	
Suburb: Springvale	Town/City: Whanganui
PO Box/Private Bag	Postcode:
Phone number:	Mobile: 021330738
After hours: 021330738	Fax:
Email address: yongchen3@hotmail.com	Website:

DECLARATION	
I, Guang Yong Chen , carried out or supervised the restricted building work recorded on this form.	
Signature:	
Date:	10/04/2019



ELECTRICAL CERTIFICATE OF COMPLIANCE & ELECTRICAL SAFETY CERTIFICATE

REFERENCE/CERTIFICATE ID No.:

A-304C2

This form has been designed to be used by licensed electrical workers to certify that installations or Part installations under **Part 1** or **Part 2** of AS/NZS 3000 are safe to be connected to the specified system of electrical supply.

Location Details:

25 Springvale Road, Springvale, Whanganui

Contact Details:
(Name and address)

Bernard Reuters cameron@devonhomes.co.nz

Name of Electrical worker:

Trent Deighton

Registration/Practising licence number:

E265264

Phone & email:

trentdeighton@hotmail.com

Name and registration number of person(s) supervised:

Certificate of Compliance

Type of work:

☐ Addition

☐ Alteration

☒ New work

The prescribed electrical work is:

☐ Low risk

☒ General

☐ High-risk (Specify):

Means of compliance:

☐ Part 1 of AS/NZS 3000

☒ Part 2 of AS/NZS 3000

Additional Standards or electrical code of practice were required:

☒ No

☐ Yes (specify):

Date or range of dates that prescribed electrical work undertaken: 7/12/2018 to 26/4/2019

Contains fittings that are safe to connect to a power supply?

☒ Yes

☐ No

Specify type of supply system: 230V MEN

The installation has an earthing system that is correctly rated (where applicable)

☒ Yes

☐ No

Parts of the installation to which this certificate relates that are safe to connect to a power supply?

☒ All ☐ Parts (specify)

The work relies on manufacturers instructions:

☒ Yes

☐ No

If yes – identify the instruction manual including name, date and version. Also attach a copy of manufacturer's instructions to this certificate.

(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The work has been done in accordance with a certified design:

☐ Yes

☒ No

If yes – identify the certified design including name, date and version. Also attach a copy of the certified design to this certificate.

(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The work relies on a Supplier Declaration of Conformity (SDoC):

☒ Yes

☐ No

If yes - identify the SDoC including name, date and version OR EESS registration. Also attach a copy of the SDoC to this certificate.

(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The installation has been satisfactorily tested in accordance with the Electricity (Safety) Regulations 2010

☐ No

☒ Yes

Description of Work:

wired New house as per attached plan.

Test Results (provide values)

Polarity (Independent earth):	passed
Insulation resistance:	99M Ohms
Earth Continuity:	.01 Ohms
Bonding:	passed Ohms
Fault Loop impedance:	.22 Ohms
Other (specify):	

By signing this document I certify that the completed prescribed electrical work to which this Certificate of Compliance applies has been done lawfully and safely, and the information in the certificate is correct.

Certifier's signature:

Date:

25/9/2019

Electrical Safety Certificate

By signing this document I certify that the installation, or part of the installation, to which this Electrical Safety Certificate applies is connected to a power supply and is safe to use.

Certifier's name:

Trent Deighton

Registration/Practising licence number:

E265264

Certifier's signature:

Certificate Issue Date:

25/9/2019

Connection Date:

25/9/2019

CUSTOMER COPY – THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE RETAINED FOR A MINIMUM OF 7 YEARS

This Electrical Safety Certificate also confirms that the electrical work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004.

GASFITTING CERTIFICATE OF COMPLIANCE – GAS SAFETY CERTIFICATE



Certificate of Compliance:

Client Name:

Mr and Mrs Lenox

Reference / Job #:

ICP (if known):

Address of work:

25 Springvale Road

Suburb:

Springvale

Town / City: Wanganui

Description of gasfitting work: (If different gasfitting work was done by different people, state who did what gasfitting.)

Install Dux21ENB6N
NG New Connection

Gas supply pressure

1.25 kPa

Risk classification (tick one)

☐ Low-Risk☒ General☐ High-risk

Gas type (tick one)

☒ Natural gas☐ LPG☐ Biogas☐ Other (specify)

The work has been done in accordance with a certified design:

☐ Yes☒ NoIf yes – identify the certified design including name, date and version. Also attach a copy of the certified design to this certificate.
(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The work relies on manufacturer's instructions:

☒ No☐ Yes:If yes – identify the instruction manual including name, date and version. Also attach a copy of manufacturer's instructions to this certificate.
(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The work has been done in accordance with means of compliance (specify):

☒ Yes – AS/NZS 5601.1 sections 3 to 6☐ Yes – AS/NZS 5601.2 sections 3 to 9☐ No

Were any other standards or gas code of practice required for compliance?

☐ Yes (specify)☒ No

Parts of the gas installation to which this certificate relates that are safe to connect to a gas supply?

☒ All☐ Parts (specify)

Date(s) on which the work was done:

29/5/2019

Name and registration number of anyone
who carried out work under supervision:By signing this document I confirm that I am satisfied that the work described in this certificate of compliance
has been done lawfully and safely, and that the information on this certificate is correct.

Certifier name:

Gary Phillips

Registration
number:

11301

Certifier

Signature:

Date:

29/5/2019

Gas Safety Certificate:

By signing this document I confirm that the work described in this Gas Safety Certificate, and the
installation or part installation, is connected to a gas supply and is safe to use.Name of person authorised to certify the
connection:

Gary Phillips

Registration number:

11301

Date of completion or connection

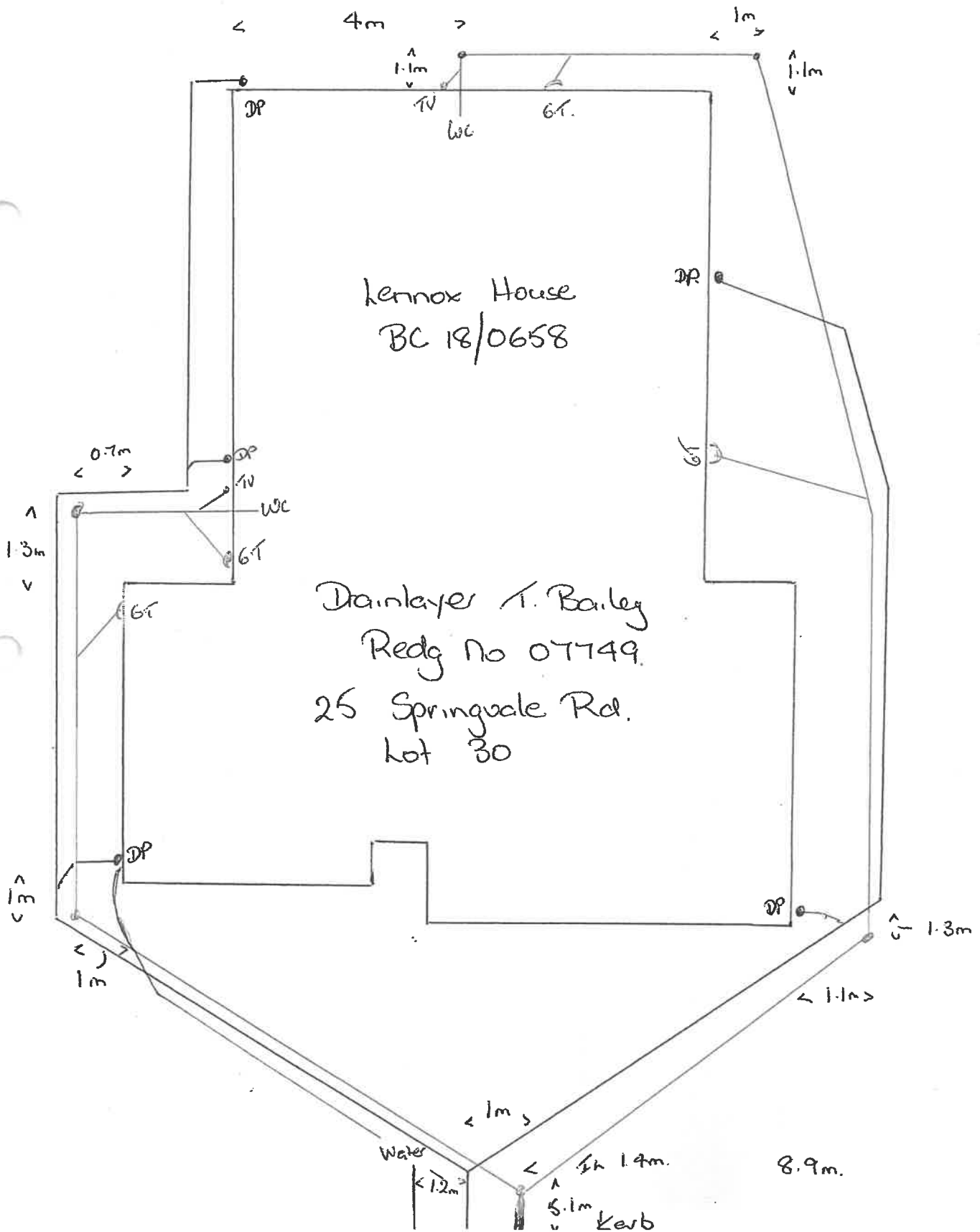
29/5/2019

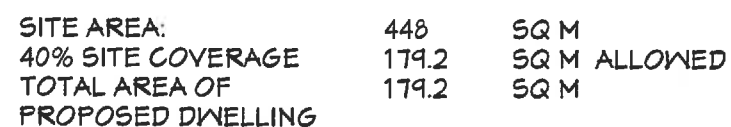
Certifier Signature:

Date:

2/6/2019

This Gas Safety Certificate confirms that the gasfitting work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004.





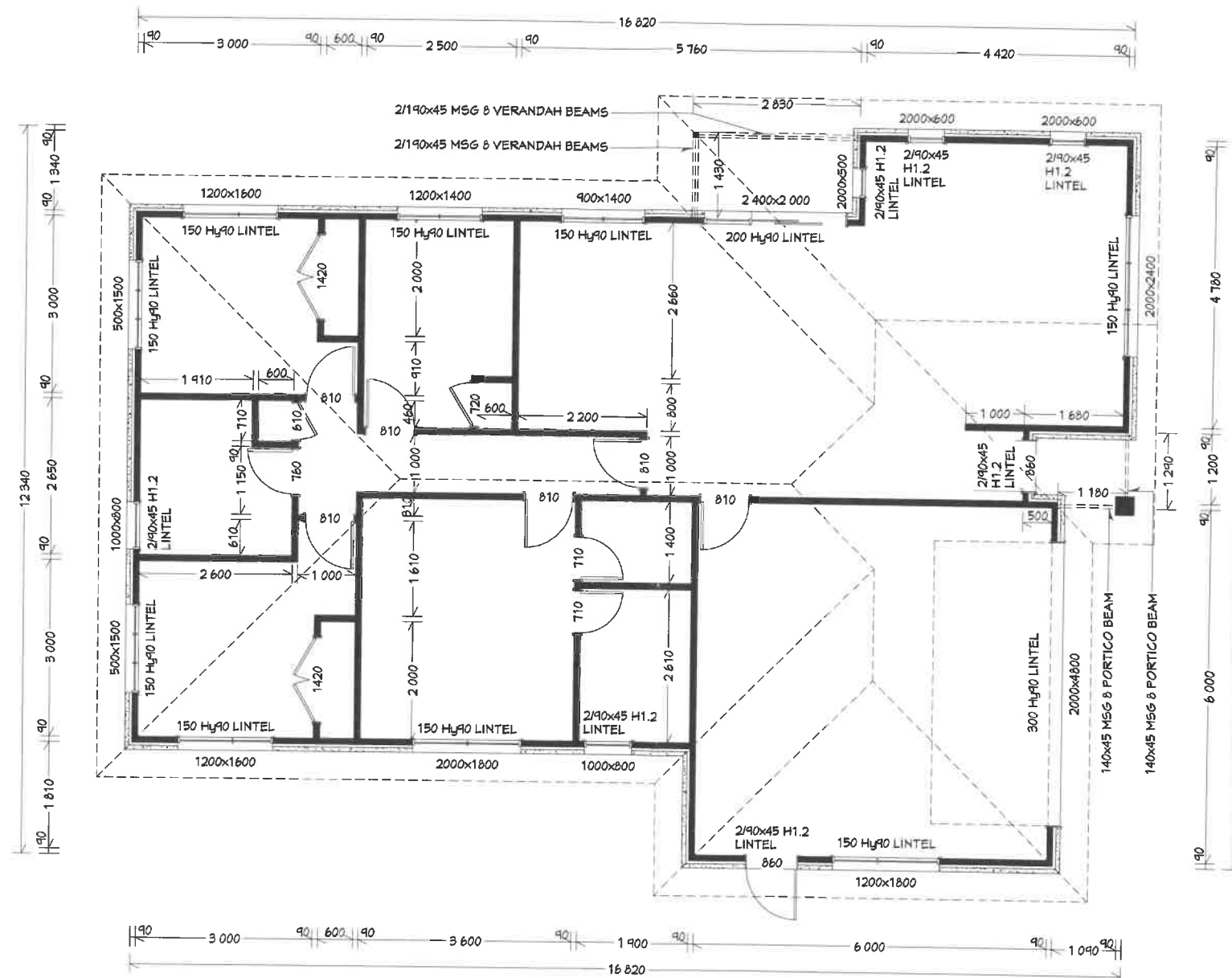
AS BUILT
SITE PLAN

No	Dates	Amendments
a		
b		
c		
d		
e		
f		



Certified Builders

DEVON HOMES
REUTERS CONSTRUCTION LTD
 165 A, GREAT NORTH ROAD, WANGANUI NEW ZEALAND
 PHONE: +64-6-3452393 FAX: +64-6-3452165
 EMAIL: reuters@devonhomes.co.nz <http://www.devonhomes.co.nz>
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PROPOSED RESIDENCE FOR
**MR. GUY & MRS. GILLIAN
 LENNOX**
 LOT 30, 25 SPRINGVALE ROAD, WANGANUI

**AS BUILT
 SET-OUT
 PLAN**

Scale:
 1:100
 Date:
 13 JULY 2018
 Job No.

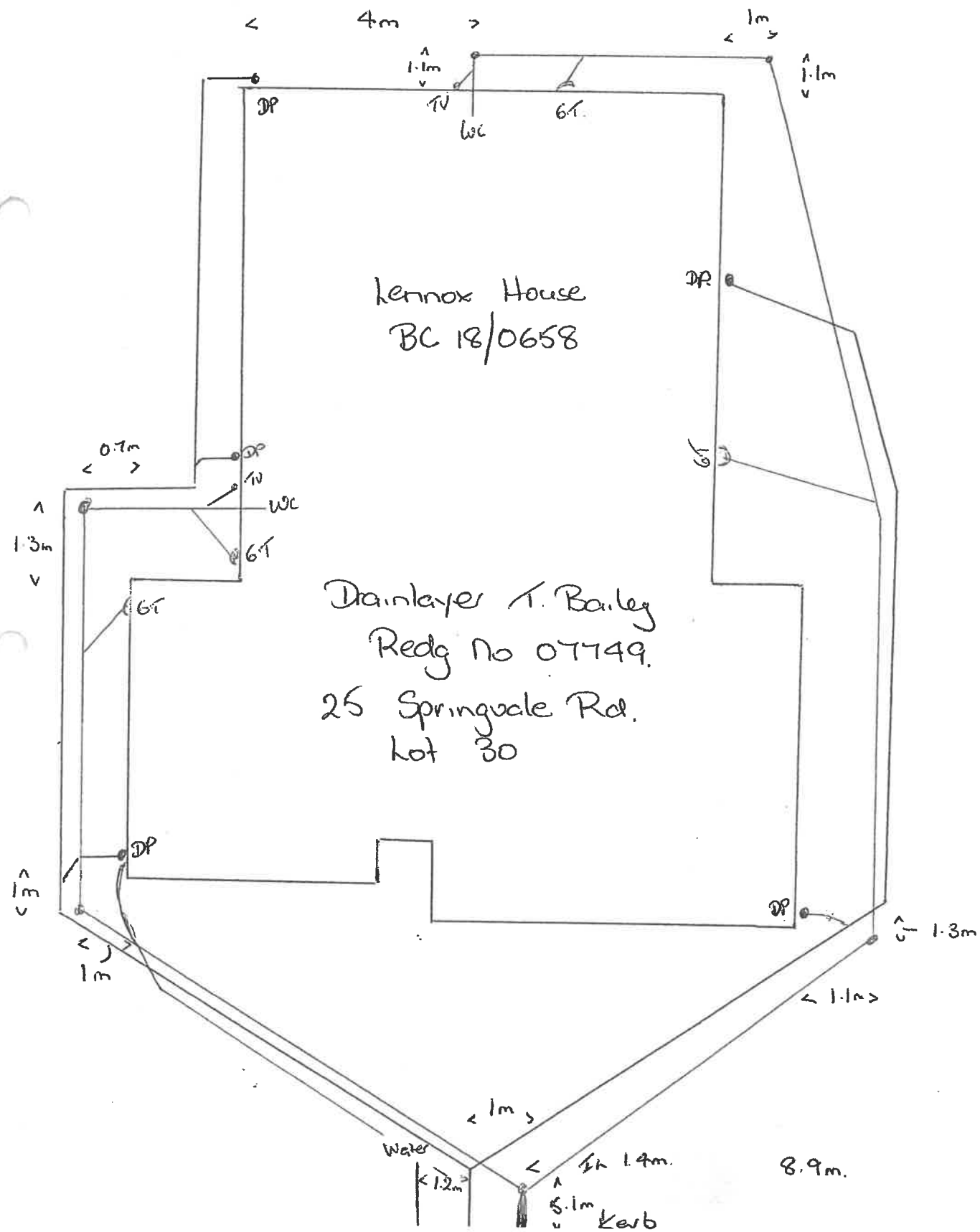
Sheet No.
4
 Revision

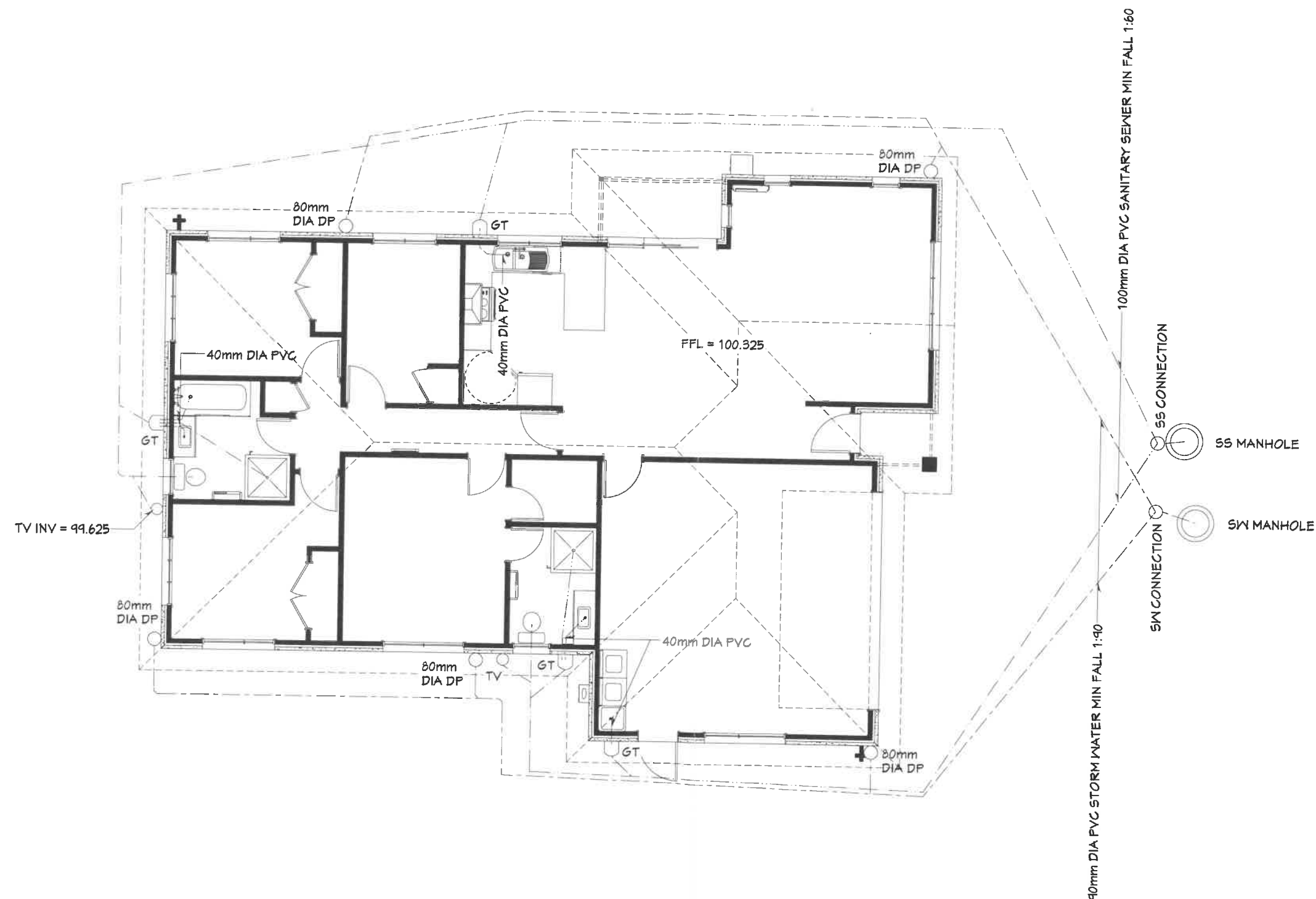
No	Dates	Amendments
a		
b		
c		
d		
e		
f		

Notes:



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 REUTERS CONSTRUCTION LTD
 165 A, GREAT NORTH ROAD, WANGANUI NEW ZEALAND
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 EMAIL: reuters@devonhomes.co.nz <http://www.devonhomes.co.nz>
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PROPOSED RESIDENCE FOR
**MR. GUY & MRS. GILLIAN
 LENNOX**
 LOT 30, 25 SPRINGVALE ROAD, WANGANUI

AS BUILT DRAINAGE PLAN

Scale:
 1:100
 Date:
 13 JULY 2018
 Job No.

Sheet No.
9
 Revision

No	Dates	Amendments
a		
b		
c		
d		
e		
f		

Notes:



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Consent No: 180658 25 Springvale Rd, WHANGANUI

Inspection Type: Subfloor Plumbing/Drainage

Description:

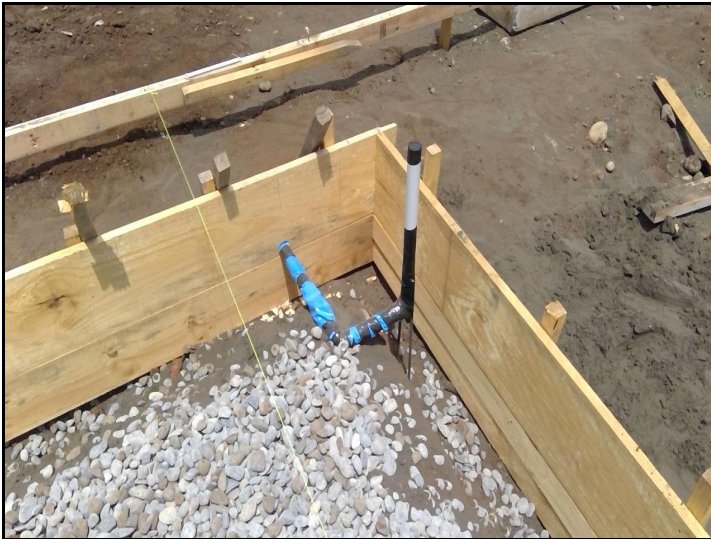
Taken By: Chris Keenan on Thursday 13 Dec 2018 1:40pm



Inspection Type: Subfloor Plumbing/Drainage

Description:

Taken By: Chris Keenan on Thursday 13 Dec 2018 1:41pm



Inspection Type: Subfloor Plumbing/Drainage

Description:

Taken By: Chris Keenan on Thursday 13 Dec 2018 1:41pm



Inspection Type: Foundation/Pile/Concrete Floor

Description: Slab with boundary line set up by Devon Homes

Taken By: Bill Leslie on Wednesday 19 Dec 2018 2:51pm



Consent No: 180658 25 Springvale Rd, WHANGANUI

Inspection Type: Foundation/Pile/Concrete Floor

Description: Peg at front left corner to demonstrate the 1.200 boundary clearance

Taken By: Bill Leslie on Wednesday 19 Dec 2018 2:56pm



Inspection Type: Foundation/Pile/Concrete Floor

Description: Overall slab, extra bar chairs being fitted closer to edge

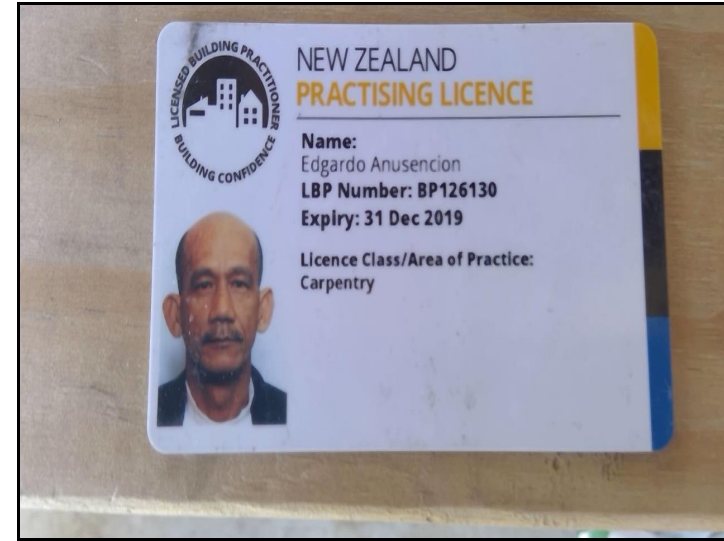
Taken By: Bill Leslie on Wednesday 19 Dec 2018 2:57pm



Inspection Type: Wall/Roof Framing

Description:

Taken By: Garry Edlin on Wednesday 13 Feb 2019 2:02pm



Inspection Type: Brick Half Height

Description:

Taken By: Ben Nyssen on Thursday 7 Mar 2019 1:50pm



Consent No: 180658 25 Springvale Rd, WHANGANUI

Inspection Type: Brick Half Height

Description: Wrap, dan ban and jamb detail

Taken By: Ben Nyssen on Thursday 7 Mar 2019 1:51pm



Inspection Type: Brick Half Height

Description: Head flashing stop ends

Taken By: Ben Nyssen on Thursday 7 Mar 2019 1:53pm



Inspection Type: Brick Half Height

Description: Cavity, wall ties and pipe penetrations

Taken By: Ben Nyssen on Thursday 7 Mar 2019 1:53pm



Inspection Type: Brick Half Height

Description: WANZ bar and mule seal to rebate

Taken By: Ben Nyssen on Thursday 7 Mar 2019 1:54pm



Consent No: 180658 25 Springvale Rd, WHANGANUI

Inspection Type: Brick Half Height

Description: Head flashing to complete

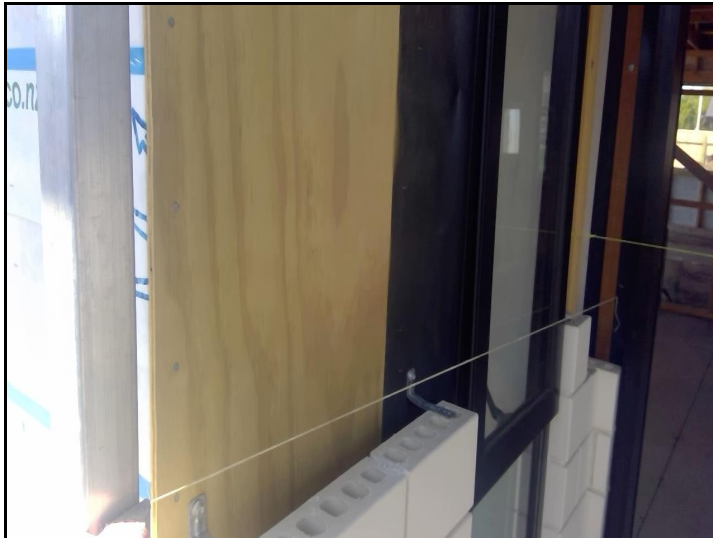
Taken By: Ben Nyssen on Thursday 7 Mar 2019 1:55pm



Inspection Type: Brick Half Height

Description:

Taken By: Ben Nyssen on Thursday 7 Mar 2019 1:56pm



Inspection Type: Drainage

Description:

Taken By: Chris Gould on Monday 18 Mar 2019 3:06pm



Inspection Type: Drainage

Description:

Taken By: Chris Gould on Monday 18 Mar 2019 3:07pm



Consent No: 180658 25 Springvale Rd, WHANGANUI

Inspection Type: Drainage

Description: boundary connections

Taken By: Chris Gould on Monday 18 Mar 2019 3:07pm



Inspection Type: Drainage

Description: lh branch

Taken By: Chris Gould on Monday 18 Mar 2019 3:07pm



Inspection Type: Drainage

Description: lh branch

Taken By: Chris Gould on Monday 18 Mar 2019 3:08pm



Inspection Type: Drainage

Description: lh branch

Taken By: Chris Gould on Monday 18 Mar 2019 3:08pm



Consent No: 180658 25 Springvale Rd, WHANGANUI

Inspection Type: Drainage

Description: rh branch

Taken By: Chris Gould on Monday 18 Mar 2019 3:10pm



Inspection Type: Drainage

Description: rh branch

Taken By: Chris Gould on Monday 18 Mar 2019 3:10pm



Inspection Type: Drainage

Description: rh branch rear of house

Taken By: Chris Gould on Monday 18 Mar 2019 3:11pm



Inspection Type: Drainage

Description: head of rh branch

Taken By: Chris Gould on Monday 18 Mar 2019 3:11pm



Consent No: 180658 25 Springvale Rd, WHANGANUI

Inspection Type: Drainage

Description: water test

Taken By: Chris Gould on Monday 18 Mar 2019 3:12pm



Inspection Type: Preline Building

Description: Ensuite

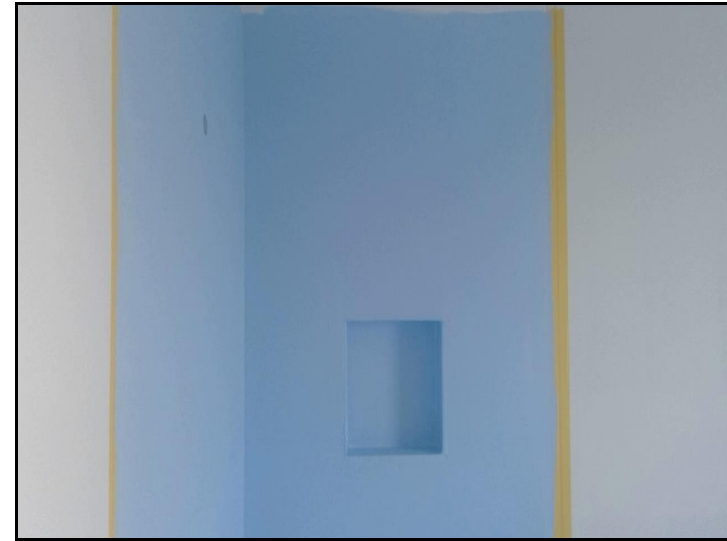
Taken By: Ben Nyssen on Wednesday 17 Apr 2019 3:32pm



Inspection Type: Preline Building

Description: Ensuite

Taken By: Ben Nyssen on Wednesday 17 Apr 2019 3:32pm



Inspection Type: Preline Building

Description: Ensuite

Taken By: Ben Nyssen on Wednesday 17 Apr 2019 3:33pm



Consent No: 180658 25 Springvale Rd,WHANGANUI

Inspection Type: Preline Building

Description: Bathroom

Taken By: Ben Nyssen on Wednesday 17 Apr 2019 3:33pm



Inspection Type: Preline Building

Description: Bathroom

Taken By: Ben Nyssen on Wednesday 17 Apr 2019 3:33pm



Inspection Type: Preline Building

Description: Bathroom

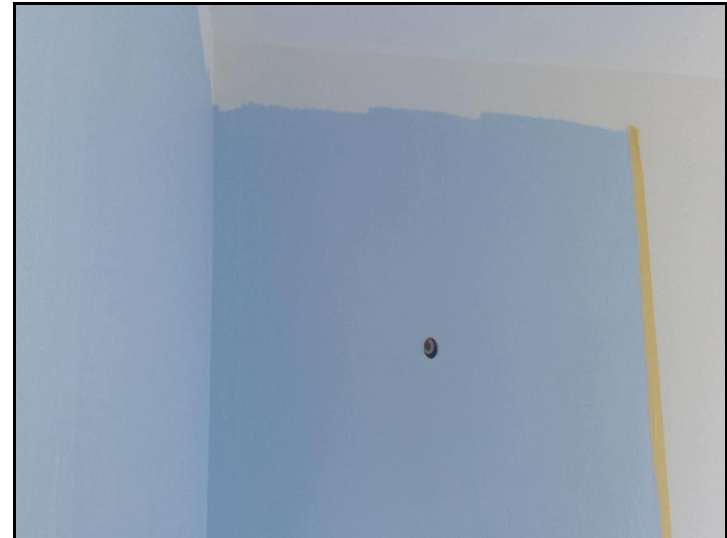
Taken By: Ben Nyssen on Wednesday 17 Apr 2019 3:34pm



Inspection Type: Preline Building

Description: Bathroom

Taken By: Ben Nyssen on Wednesday 17 Apr 2019 3:35pm





CODE COMPLIANCE CERTIFICATE NUMBER BCon18/0658

Section 95(3), Building Act 2004

Devon Homes
165A Great North Road
Otamatea
Whanganui

**Building Consent
No:** BCon18/0658

Issue Date: 02/10/2019

The building:

Street address of building:	Legal description of land where building is located:
25 Springvale Rd WHANGANUI	Lot 30 DP 500432 0.0448 Ha
Building name:	Location of building within site/block number:
Level/unit number:	Current, lawfully established, use: [include number of occupants per level and per use if more than 1]
	Single Detached Residential
Year first constructed:	
2018	

The owner:

Name of Owner:	
Mr G Lennox, Mrs GM Lennox	
Mailing address:	Street Address/registered Office:
165A Great North Road Otamatea Whanganui 4501	165A Great North Road Otamatea Whanganui 4501

Phone numbers:

Landline:		Mobile:	0273435598
Daytime:		After hours:	
Facsimile number:			
Email address:	glennox@xtra.co.nz	Website:	

First point of contact for communications with the building consent authority:

Contact Person:	
Devon Homes	
Mailing address:	Street Address/registered Office:
165A Great North Road, Otamatea, Whanganui 4501	165A Great North Road, Otamatea, Whanganui 4501

Phone number:

Landline:		Mobile:	
Daytime:	3452393	After hours:	
Facsimile number:			
Email address:		Website:	

Building Work

Building consent number:	Issued by:
BCon18/0658	Whanganui District Council
Type of Work	
Single Detached Residential	
Description of Work	
New 169m2 Dwelling With Attached Garage.	
Intended Life	Estimated Value
Indefinite but not less than 50 years.	\$359600.00

Code compliance:

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

*Compliance schedule

There are no specified systems in this building.

This is a final Code Compliance Certificate issued in respect of all of the building work under the above Building Consent.

Signed for and on behalf of the Whanganui District Council:



GJ Hoobin

Building Control Team Leader

APPLICATION FOR CODE COMPLIANCE CERTIFICATE (Form 6)

Section 92. Building Act 2004.

1. What is the Building Consent? *Complete this field*

Building consent number:	BCon18/0658
Issued by: (name of building consent authority)	WDC

2. Who owns the building? *Complete all fields, using N/A if a field is not applicable*

Owner name:	Guy & Gillian Lennox	Title: e.g. Mr, Mrs, Ms, Dr	Mr. & Mrs.
Contact person:	Bernard Reuters		
Owner mailing address:	165A Great North Rd. Otamatea, Whanganui		
Street address / registered office:			
Owner email address:	glennox@xtra.co.nz		
Owner contact numbers:	Ph: 063452393	Cell:	
Are you using an Agent?	☒ Yes	☐ No	<i>If Yes, please also complete the following</i>
Who is the first point of contact for further correspondence?	☒ Agent	☐ Owner	
Agent name:	Devon Homes		
Agent email:	reuters@devonhomes.co.nz		
Agent contact numbers:	Ph: 063452393	Cell: 0274495125	
Agent mailing address:	165A Great North Road, Otamatea, Whanganui		
Relationship to owner:	Builder		

SUPERSEDED 25/09/2019**3. When was the building work completed?** *Complete this field*

All building work to be carried out under the building consent specified on this form was completed on:	dd /mm / yyyy
---	---------------

4. Who completed the building work? *Complete all fields on each line. You will need to complete one line for each building practitioner. Use a separate sheet if necessary.*

The licensed building practitioner(s) who carried out/supervised the restricted building work is/are:			
Name:	Licensing class:	LBP or registration number:	Work carried out / supervised:
Edgardo Anusencion	Carpentry	BP126130	Carried out/Supervise
Guang Yong Chen	Bricklaying/Blocklaying	BP122867	Carried out/Supervise
John Broad	Roofing	BP104512	Carried out/Supervise

Name:	Licensing class:	LBP or registration number:	Work carried out / supervised:
Tradespeople who carried out building work other than restricted building work are as follows:			
Name:	Address:	Contact number:	Registration number:
Graham James	27 Carson Street, Whangar	0274457218	12178
Trevor Bailey	165A Great North Rd., Wha	063452393	07749
Trent Deighton	Whanganui	0223951281	E265264
The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:			
Gas Fitter: Gary Phillips, PH: 027534633, Reg. 11301			

5. Declaration

☒ I understand that this application may *only* be made with the owner’s approval. *Please tick to indicate your agreement.*

I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004. The code compliance certificate should be sent to:

☐ Owner ☒ Agent ☐ Owner address as per Section 2 ☐ Agent address as per S

Name:	
Signature:	
Date:	

SUPERSEDED 25/09/2019

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

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

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

6. Have you attached all required documents?

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

- *Memorandum of Licensed Building Practitioners – Record of Work (for each type of building work completed)*
- *Certificates relating to energy work*
- *Evidence that specified systems are capable of performing to the performance standards set out in the building consent (if changed from the building consent)*
- *Other documents from personnel who carried out the work.*

Refer to your building consent approval letter for a full list of documents required to support your Code Compliance Certificate application.



PO Box 2055
Gonville
Wanganui 4543

Phone: 06 348 4838
email: broadroofing@xtra.co.nz

Memorandum from Licensed Building Practitioner:

Record of Building Work

Section 88, Building Act 2004

THE BUILDING / THE OWNER	
Owners Name: <u>Guy & Gillian Lennox</u>	
Building Address: <u>10, 30, 25 Springvale Road</u>	
Suburb: <u>Springvale</u>	PO Box:
Town/City: <u>Wanganui</u>	Postcode: <u>4501</u>
Email:	Phone:

BUILDING CONSENT NUMBER:
<u>BCon18/0658</u>

External Moisture Management System

Work that is restricted building work	Description of restricted building work	Carried or Supervised
☒ Roof cladding or roof cladding system.	Installation of roofing and accessories per manufacturer's specification.	☐ Carried out ☒ Supervised

SUPERSEDED 25/09/2019

ISSUED BY - Name and contact details of the LBP who is licensed to carry out or supervise restricted building work.	
Name: <u>John Broad</u>	LBP Number: <u>BP104512</u>
Classes licensed in: <u>1, 2 and 3</u>	
Street Address/Registered Office: <u>8 Wicksteed Road</u>	Phone: <u>06 3484838</u>
Suburb: <u>RD 4</u>	Mobile: <u>027 4559296</u>
Town/City: <u>Wanganui</u>	Postcode: <u>4574</u> Email: <u>broadroofing@xtra.co.nz</u>

DECLARATION	
I <u>John Broad</u> carried out or supervised the restricted building work recorded on this form.	
Signature: <u>[Signature]</u>	
Date: <u>12 February 2019</u>	

Form 6A

Memorandum from licensed building practitioner: Record of building work
Section 88, Building Act 2004

Please fill in the form as fully and correctly as possible.
If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING	
Street address:	Lot 30, 25 Springvale Road
Suburb:	Springvale
Town/City:	Whanganui
Postcode:	4501

THE PROJECT	
Building consent number:	BCon18/0658

SUPERSEDED 25/09/2019

THE OWNER(S)	
Name(s):	Mr. Guy & Mrs. Gillian Lennox
Mailing address:	165A Great North Road
Suburb:	Otamatea
Town/City:	Whanganui
Phone number:	
Email address:	
PO Box/Private Bag:	
Postcode:	4501

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK		
PRIMARY STRUCTURE		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing ☐	N/A	☐ Carried out ☐ Supervised
Walls ☐	N/A	☐ Carried out ☐ Supervised
Roof ☐	N/A	☐ Carried out ☐ Supervised
Columns and beams ☐	N/A	☐ Carried out ☐ Supervised
Bracing ☐	N/A	☐ Carried out ☐ Supervised
Other ☐		☐ Carried out ☐ Supervised

SUPERSEDED 25/09/2019

EXTERNAL MOISTURE MANAGEMENT SYSTEMS		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing ☒	Building paper wrap and sound conditions Penetration covered by window tape.	☒ Carried out ☒ Supervised
Roof cladding or roof cladding system ☐	N/A	☐ Carried out ☐ Supervised
Ventilation system (for example, subfloor or cavity) ☒	Vent holes top and bottom. Vent holes every second brick.	☒ Carried out ☒ Supervised
Wall cladding or wall cladding system ☒	Masonry brick veneer on 50mm cavity with 5 ties per square metre.	☒ Carried out ☒ Supervised
Waterproofing ☐	N/A	☐ Carried out ☐ Supervised
Other ☐		☐ Carried out ☐ Supervised

SUPERSEDED 25/09/2019

ISSUED BY	
Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name: Guang Yong Chen	LBP number: BP 122867
Class(es) licensed in:	
Bricklaying/Blocklaying	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below):	
Street address/Registered office:	
Suburb: Springvale	Town/City: Whanganui
PO Box/Private Bag	Postcode:
Phone number:	Mobile: 021330738
After hours: 021330738	Fax:
Email address: yongchen3@hotmail.com	Website:

SUPERSEDED 25/09/2019

DECLARATION	
I, Guang Yong Chen , carried out or supervised the restricted building work recorded on this form.	
Signature: 	Date: 10/04/2019

Form 6A

Memorandum from licensed building practitioner: Record of building work
Section 88, Building Act 2004

Please fill in the form as fully and correctly as possible.
If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING	
Street address: Lot 30, 25 Springvale Road	
Suburb: Springvale	
Town/City: Whanganui	Postcode: 4501

THE PROJECT
Building consent number: BCon18/0658

SUPERSEDED 25/09/2019

THE OWNER(S)	
Name(s): Mr. Guy & Mrs. Gillian Lennox	
Mailing address: 165A Great North Road	
Suburb: Otamatea	PO Box/Private Bag:
Town/City: Whanganui	Postcode: 4501
Phone number:	Email address:

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK		
PRIMARY STRUCTURE		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing ☒	Boxing and set steel reinforcing for concrete slab foundation	☒ Carried out ☒ Supervised
Walls ☒	Fixing timber wall framing	☒ Carried out ☒ Supervised
Roof ☒	Fixing timber roof trusses	☒ Carried out ☒ Supervised
Columns and beams ☒	Fixing 90x90 timber Portico & Verandah post and beams	☐ Carried out ☐ Supervised
Bracing ☒	Fixing Gib board bracing	☒ Carried out ☒ Supervised
Other ☐		☐ Carried out ☐ Supervised

SUPERSEDED 25/09/2019

EXTERNAL MOISTURE MANAGEMENT SYSTEMS		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing ☒	Brush black seal to rebate of foundation Put polythene to underneath foundation	☒ Carried out ☒ Supervised
Roof cladding or roof cladding system ☐	N/A	☐ Carried out ☐ Supervised
Ventilation system (for example, subfloor or cavity) ☒	Fix weatherboard wall cladding with 20mm cavity battens	☒ Carried out ☒ Supervised
Wall cladding or wall cladding system ☒	Fix weatherboard wall cladding	☒ Carried out ☒ Supervised
Waterproofing ☐	N/A	☐ Carried out ☐ Supervised
Other ☐		☐ Carried out ☐ Supervised

SUPERSEDED 25/09/2019

ISSUED BY	
Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name: Edgardo Anusencion	LBP number: BP126130
Class(es) licensed in:	
Carpentry	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below):	
Street address/Registered office:	
Suburb: Aramoho	Town/City: Whanganui
PO Box/Private Bag	Postcode: 4500
Phone number:	Mobile: 0277420523
After hours: 0277420523	Fax:
Email address: ecanusencion@yahoo.com	Website:

SUPERSEDED 25/09/2019

DECLARATION	
I Edgardo Anusencion carried out or supervised the restricted building work recorded on this form.	
Signature:	
Date:	

Memorandum from licensed building practitioner: Record of building work

Section 88, Building Act 2004

Please fill in the form as fully and correctly as possible.

If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING	
Street address:	25 Springvale Road
Suburb:	Springvale
Town/City:	Warrigal
Postcode:	4501

THE PROJECT	
Building consent number:	18/0658

SUPERSEDED 25/09/2019

THE OWNER(S)	
Name(s):	Gillian & Guy Knox
Mailing address:	
Suburb:	Springvale
Town/City:	Warrigal
Postcode:	4501
Phone number:	
Email address:	

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK		
PRIMARY STRUCTURE		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing ☐	N/A	☐ Carried out ☐ Supervised
Walls ☐	N/A	☐ Carried out ☐ Supervised
Roof ☐	N/A	☐ Carried out ☐ Supervised
Columns and beams ☐	N/A	☐ Carried out ☐ Supervised
Bracing ☐	N/A	☐ Carried out ☐ Supervised
Other ☐	N/A	☐ Carried out ☐ Supervised

SUPERSEDED 25/09/2019

EXTERNAL MOISTURE MANAGEMENT SYSTEMS		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick ☒	If necessary, describe the restricted building work.	Tick ☒ whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing ☒	Building Paper wrap and sound conditions	☒ Carried out ☐ Supervised
Roof cladding or roof cladding system ☐	N/A	☐ Carried out ☐ Supervised
Ventilation system (for example, subfloor or cavity) ☒	Vent holes top and bottom Vent holes every second brick	☒ Carried out ☐ Supervised
Wall cladding or wall cladding system ☒	Clay brick 5 ties per meter square	☒ Carried out ☐ Supervised
Waterproofing ☐	N/A	☐ Carried out ☐ Supervised
Other ☐	N/A	☐ Carried out ☐ Supervised

SUPERSEDED 25/09/2019

ISSUED BY	
Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name: <u>Guang Yong Chen</u>	LBP number: <u>BP122867</u>
Class(es) licensed in: <u>Bricklaying and Blocklaying B1</u>	
Plumbers, Gasfitters and Drainlayers registration number (if applicable): <u>N/A</u>	
Mailing address (if different from below):	
Street address/Registered office: <u>4 Morrin Road, Panmure, Auckland</u>	
Suburb: <u>Panmure</u>	Town/City: <u>Auckland</u>
PO Box/Private Bag: <u>N/A</u>	Postcode: <u>1072</u>
Phone number: <u>09-9503001</u>	Mobile: <u>021330738</u>
After hours: <u>N/A</u>	Fax: <u>N/A</u>
Email address: <u>yongchen3@hotmail.com</u>	Website: <u>N/A</u>

SUPERSEDED 25/09/2019

DECLARATION	
I <u>Guang yong chen</u> carried out or supervised the restricted building work recorded on this form.	
Signature:	<u>[Signature]</u>
Date:	<u></u>

GASFITTING CERTIFICATE OF COMPLIANCE – GAS SAFETY CERTIFICATE



Certificate of Compliance:

Client Name: Mr and Mrs Lenox

Reference / Job #: ICP (if known):

Address of work: 25 Springvale Road

Suburb: Springvale Town / City: Wanganui

Description of gasfitting work: (If different gasfitting work was done by different people, state who did what gasfitting.)

Install Dux21ENB6N
NG New Connection

Gas supply pressure 1.25 kPa Risk classification (tick one) ☐ Low-Risk ☒ General ☐ High-risk

Gas type (tick one) ☒ Natural gas ☐ LPG ☐ Biogas ☐ Other (specify)

The work has been done in accordance with a certified design: ☐ Yes ☒ No

If yes – identify the certified design including name, date and version. Also attach a copy of the certified design to this certificate.
(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:
Link:

The work relies on manufacturer's instructions: ☒ No ☐ Yes:

If yes – identify the instruction manual including name, date and version. Also attach a copy of manufacturer's instructions to this certificate.
(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:
Link:

The work has been done in accordance with means of compliance (specify):

☒ Yes – AS/NZS 5601.1 sections 3 to 6 ☐ Yes – AS/NZS 5601.2 sections 3 to 9 ☐ No

Were any other standards or gas code of practice required for compliance?

☐ Yes (specify) ☒ No

Parts of the gas installation to which this certificate relates that are safe to connect to a gas supply?

☒ All ☐ Parts (specify)

Date(s) on which the work was done: 29/5/2019

Name and registration number of anyone who carried out work under supervision:

By signing this document I confirm that I am satisfied that the work described in this certificate of compliance has been done lawfully and safely, and that the information on this certificate is correct.

Certifier name: Gary Phillips Registration number: 11301

Certifier Signature: [Signature] Date: 29/5/2019

Gas Safety Certificate:

By signing this document I confirm that the work described in this Gas Safety Certificate, and the installation or part installation, is connected to a gas supply and is safe to use.

Name of person authorised to certify the connection: Gary Phillips

Registration number: 11301 Date of completion or connection: 29/5/2019

Certifier Signature: [Signature] Date: 2/6/2019

This Gas Safety Certificate confirms that the gasfitting work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004.

SUPERSEDED 25/09/2019