



**BUILDING CONSENT APPLICATION AND /
OR PROJECT INFORMATION
MEMORANDUM FOR A
BACKFLOW PREVENTION DEVICE
(BAM 002-B)**

PROJECT NO:

APPLICATION

- I request that you issue a:
- Project Information Memorandum only (PIM)
 - Building Consent only (for existing PIM No : _____ (attach copy)
 - Building Consent (including Project Information Memorandum)

THE BUILDING

Street Address: (or Rapid Number if applicable):	Number of levels:	Level/Unit No:
Legal Description :	Total Floor Area (all floors included): Existing _____ m ² Add _____ m ²	
Valuation Roll Number:	Current lawfully established use:	
Building Name if applicable:	Approximate year building was first constructed:	
THE OWNER		AGENT – APPLICANT
Owner's Name:	Agent's Name:	
Contact Person: (if owner is not an individual)	Contact Person:	
Mailing Address:	Mailing/Billing Address:	
Postcode:	Postcode:	
Street Address/Registered Office:	Street Address/Registered Office:	
Mobile Phone:	Mobile Phone:	
Phone:	Phone:	
Fax Number:	Fax Number:	
E-mail Address:	E-mail Address:	
Evidence of ownership attached to this application: <input type="checkbox"/> Certificate of Title <input type="checkbox"/> Sale and Purchase Agreement (only if new purchase)	Note - The Agent will be the first point of contact for communications with the Council/Building Consent Authority regarding this application / Building Work and will receive all correspondence including all invoices.	

THE PROJECT – BACKFLOW PREVENTER DETAILS

Tick appropriate box and provide details of the make, model and size:

What is the hazard: _____

Medium Hazard High Hazard

▪ Make: _____

▪ Model: _____

▪ Size: _____

NB: List backflow preventer details separately below if more than one is to be installed.

▪ Value of proposed work (inclusive of GST) _____

▪ Intended life, if less than 50 years: _____ years

Craftsman Plumber's Name: _____

Registration No: _____

REQUIRED ATTACHMENTS

Location Plan of the Installation – a site plan showing the proposed location of the Backflow Prevention Device is required (see over).

Application fee is payable at the time of application. Additional levies may apply.

Is there an existing Compliance Schedule for the building?

Yes – Does it include Backflow Prevention:

Yes

No – Complete form “Compliance Schedule List”

No – Complete form “Compliance Schedule List”

SIGNATURE

Signed by or for and on behalf of the Owner: _____

Owner

Agent

Date: _____

Note: If acting “for and on behalf”, please read the following declaration before signing: “I hereby declare that I am authorised to act as Agent of the Owner”.

LOCATION PLAN

- An accurate site plan is required that identifies the location of the Backflow Prevention Device with relation to the buildings and site boundaries.
- The use of this Backflow Prevention Device and what it is protecting is to be shown on this plan.



Plan of Proposed Backflow Prevention Device

CONDITIONS OF THIS CONSENT: -
A test report from a suitably qualified person will be required. This report shall verify that the backflow prevention device has been correctly installed. The report must be forwarded to the Council prior to a Code Compliance Certificate being issued.

NOTE: A Reduced Pressure Zone device shall have the relief drain outlet located not less than 300 mm above the surrounding surface, and in a position that is not subject to ponding.