

Project Information Memorandum and / or Building Consent Application (Form 2)

Project No. _____

(Only complete items within the shaded panels that are applicable to your project)

APPLICATION

- I request that you issue a:
- Project Information Memorandum only (PIM)
 - Building Consent only
 - Building Consent (including Project Information Memorandum)
 - Amendment only

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 PROJECT

<p>Description of Building Work: _____</p> <p style="text-align: center;"><small>(eg dwelling, commercial, farm shed, garage etc)</small></p> <p>Will the building work result in a change of use of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Refer to Building (Specified Systems, Change of Use, and Earthquake-prone Buildings) Regulations 2005 if in doubt)</i></p> <p>If "Yes", provide details of the new intended use _____</p>	<p>Intended life of the building:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indefinite but not less than 50 years <input type="checkbox"/> or Specified as _____ years <p>List Building Consents previously issued for this building (if any): (ie, is this project being constructed in stages?, Is this consent for a relocated or transportable building?) _____</p> <p>Estimated Value (inc GST) \$ _____ <small>(ie, the estimated aggregate of the values of all goods and services)</small></p>
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THE OWNER

AGENT – APPLICANT

Owner's Name:	Agent's Name:
Contact Person: <small>(if owner is not an individual)</small>	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:
<p>Evidence of ownership attached to this application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Title (less than 6 months old) <input type="checkbox"/> Sale and Purchase Agreement (only if new purchase) 	<p><small>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.</small></p>

RESTRICTED BUILDING WORK

Will the building work include any restricted building work Yes No

If yes, provide the following details of all licensed building practitioners who will be involved in the carrying out or supervising the restricted building work.[if these details are unknown at the time of the application, they must be supplied before the work begins]

Licence	Name	Licensed practitioner number (or registration number treated as being licensed under section 291 of the building Act 2004)
Foundations		
Carpentry		
Exterior Plasterer		
Bricklayer		
Blocklayer		
Roofer		

REQUIRED ATTACHMENTS

Complete and attach the following checklist, and provide a **minimum of 3 COPIES of all** the information, and plans requested on that checklist: Form T02f

Application Fee (Deposit): Application Fee of \$ _____ (refer to fees and charges sheet)

KEY PERSONNEL

Name of Builder:	Phone Number:
Postal Address:	
	Registration Number:
E-mail Address:	
Name of Craftsman Plumber:	Phone Number:
Postal Address:	
	Registration Number:
E-mail Address:	
Name of Craftsman Gasfitter:	Phone Number:
Postal Address:	
	Registration Number:
E-Mail Address:	
Name of Registered Drainlayer:	Phone Number:
Postal Address:	
	Registration Number:
E-mail Address:	
Name of Designer:	Phone Number:
Postal Address:	
	Registration Number:
E-mail Address:	
Name of Engineer:	Phone Number:
Postal Address:	
	Registration Number:
E-mail Address:	
Name of Electrician:	Phone Number:
Postal Address:	
	Registration Number:
E-mail Address:	

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" (-agent authority form/letter required).

Notes by applicant: (Other notes or comments which you as the applicant may wish to add)

BUILDING CODE ASSESSMENT

Building Code Clause		Means of Compliance (note that a project may include both Acceptable and Alternative solutions)		
		Acceptable Solution	Alternative Solution (details verifying compliance are required)	Waiver/ Modification required? (Provide separate details for justification of acceptance if yes)
B1	Structure			
B2	Durability			
C1	Outbreak of fire			
C2	Means of escape			
C3	Spread of fire			
C4	Structural stability during fire			
D1	Access Routes			
D2	Mechanical installations for access			
E1	Surface water			
E2	External moisture			
E3	Internal moisture			
F1	Hazardous agents on site			
F2	Hazardous building materials			
F3	Hazardous substances and processes			
F4	Safety from falling			
F5	Construction and demolition hazards			
F6	Lighting for emergency			
F7	Warning systems			
F8	Signs			
G1	Personal hygiene			
G2	Laundrying			
G3	Food prep. and prevention of contamination			
G4	Ventilation			
G5	Interior environment			
G6	Airborne and impact sound			
G7	Natural light			
G8	Artificial light			
G9	Electricity			
G10	Piped services			
G11	Gas as an energy source			
G12	Water supplies			
G13	Foul water			
G14	Industrial liquid waste			
G15	Solid waste			
H1	Energy efficiency provisions			

COMPLIANCE SCHEDULE LIST

Please tick the relevant boxes to show which systems are included or to be included in the building project		Existing	New / Modified	Removed	Do the systems use the Performance Standards plus Inspection, maintenance & reporting procedures from the Building Code Handbook		If no, Performance Standards plus Inspection, maintenance & reporting procedures identified in building consent documents	COUNCIL USE - CONFIRMED
No:	Type of System				Yes	No		
1	Automatic Systems for Fire Suppression							
2	Automatic or Manual Emergency Warning Systems							
3/1	Automatic Doors							
3/2	Access Control Doors							
3/3	Interfaced Fire or Smoke Doors or Windows							
4	Emergency Lighting Systems							
5	Escape Route Pressurisation Systems							
6	Riser Mains for use by Fire Services							
7	Automatic Backflow Preventers							
8/1	Passenger Lifts							
8/2	Service Lifts							
8/3	Escalators							
9	Mechanical Ventilation or Air Conditioning Systems							
10	Building Maintenance Units							
11	Laboratory Fume Cupboards							
12/1	Audio Loops							
12/2	FM radio Frequency Systems and I B T							
13/1	Mechanical Smoke Control							
13/2	Natural Smoke Control							
13/3	Smoke Curtains							
14/1	Emergency Power Systems for 1 to 13							
14/2	Signs also 15/4							
15/1	Systems for Spoken Information for Evacuation							
15/2	Final Exits							
15/3	Fire Separation							
15/4	Signs for Evacuation also 14/2							
15/5	Smoke Separations							
16	Cable Car							
(II)	Sec 103 (d) BA 2004 Safety Barriers							
(III)	Sec 103 (d) BA 2004 Means of Access & Facilities							
(IV)	Sec 103 (d) BA 2004 Handheld Hose Reels							