

HURUNUI DISTRICT COUNCIL

P.O. Box 13 | Amberley | 7441 | 66 Carters Road | Amberley | 7410
 Phone 03 314-8816 | Fax 03 314-9181 | Email info@hurunui.govt.nz
 Web hurunui.govt.nz | facebook.com/HurunuiDistrictCouncil
 Skype hdc_customer_services | twitter.com/hurunuidc



FORM 11 APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE

Section 106. Building Act 2004

THE BUILDING

Street Address (or rapid number if applicable) : <i>(for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection)</i>	Legal description of land where building is located : <i>(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)</i>
Location of building within site/block number : <i>(include nearest street access)</i>	Level/Unit No :
Building Name <i>(if applicable)</i> :	Current lawfully established use : <i>(include number of occupants per level and per use if more than 1. If use was changed by the building work this application relates to, state previous use)</i>

THE OWNER

AGENT – APPLICANT N/A *(leave section blank)*

Owner's Name :	Agent's Name :
Contact Person : <i>(if owner is not an individual)</i>	Contact Person :
Mailing Address :	Mailing or Billing Address :
Postcode :	Postcode :
Street Address or Registered Office :	Street Address or Registered Office :
Postcode :	Postcode :
Mobile Phone :	Mobile Phone :
Phone :	Phone :
After Hours Phone :	After Hours Phone :
Landline number :	Landline number :
Daytime phone :	Daytime phone :
Fax number :	Fax number :
E-mail Address :	E-mail Address :
Website :	Website :
The following evidence of ownership is attached to this application : Certificate of Title Sale and Purchase Agreement (only if new purchase)	Relationship to owner : <i>(State details of authorisation from the owner to make the application on the owner's behalf)</i> 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.

SIGNATURE

Signature of owner / or agent on behalf of and with the authority 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"

APPLICATION

I request that the Compliance Schedule for the above building be amended as follows :

Specified System	Amendment required (Yes or No)	Reason	Make/Model, Location, Performance Standard, Inspection, Maintenance & Reporting Criteria
1: Automatic Systems for Fire Suppression			
2: Automatic or Manual Emergency Warning systems			
3/1: Electromagnetic or Automatic Doors and / or Windows			
3/2: Access Control Doors			
3/3: Automatic Fire Doors and / or Windows forming part of a Fire wall			
4: Emergency Lighting systems			
5: Escape Route Pressurisation systems			
6: Riser Mains for use by Fire Services			
7: Automatic Backflow Preventers			
8: Lifts and / or Escalators			
9: Mechanical Ventilation or Air Conditioning systems			

10: Building Maintenance Units			
11: Laboratory Fume Cupboards			
12: Audio Loops or other Assistive Listening systems			
13: Smoke Control systems			
14/1: Emergency Power systems			
14/2: Signs relating to a system or feature specified in any clauses above			
15/1: Systems for communicating Spoken information intended to facilitate evacuation			
15/2: Final Exits and other Exit Doors			
15/3: Fire Separations protecting a Means of Escape			
15/4: Signs for communicating information intended to facilitate evacuation			
15/5: Smoke Separations			
16: Cable cars			

Attachments:

Copy of existing compliance schedule

Any IQP reports or documentation to support the removal/addition of a specified system