

ASHBURTON DISTRICT COUNCIL

5 Baring Square West, Ashburton, New Zealand
e-mail info@adc.govt.nz Website www.ashburtondc.govt.nz

(BAM 002-B)

Building Consent Application and/or Project Information Memorandum for a Backflow Prevention Device

(Only complete items that are applicable to your project)

FOR OFFICE USE ONLY

Project No:

Date Received:

APPLICATION

I request that you issue a: (please tick one)	<input type="checkbox"/>	Project Information Memorandum only (PIM)
	<input type="checkbox"/>	Building Consent only (for existing PIM) No: <input type="text"/> (attach copy)
	<input type="checkbox"/>	Building Consent (including Project Information Memorandum)

THE BUILDING

Street Address (or Rapid No if applicable):		Building Name (if applicable):	
Legal Description: Lot: <input type="text"/> DP: <input type="text"/>		Valuation Roll Number: <input type="text"/>	
Number of Levels: <input type="text"/>	Level/Unit No: <input type="text"/>	Total Floor Area: (all floors included)	
		Existing: <input type="text"/> m ²	Add: <input type="text"/> m ²
Current lawfully established use: <input type="text"/>		Approx year building first constructed: <input type="text"/>	

THE PROJECT

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

What is the hazard:	<input type="checkbox"/>	High hazard	<input type="checkbox"/>	Medium hazard
Make: <input type="text"/>	Model: <input type="text"/>	Size: <input type="text"/>		

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

Value of proposed work (inc GST) \$ <input type="text"/>	Intended life, if less than 50 years: <input type="text"/> years
Name of Craftsman Plumber: <input type="text"/>	Registration Number: <input type="text"/>
Mailing Address: <input type="text"/>	
E-mail Address: <input type="text"/>	Phone Day: <input type="text"/>

THE OWNER

Owner's Name: <input type="text"/>	Contact Person: <input type="text"/> (if owner is not an individual)	
Mailing/Billing Address: <input type="text"/>		
Street Address/Registered Office: <input type="text"/>		
E-mail Address: <input type="text"/>	Phone Day: <input type="text"/>	
Phone A'Hours: <input type="text"/>	Fax: <input type="text"/>	Cellphone: <input type="text"/>

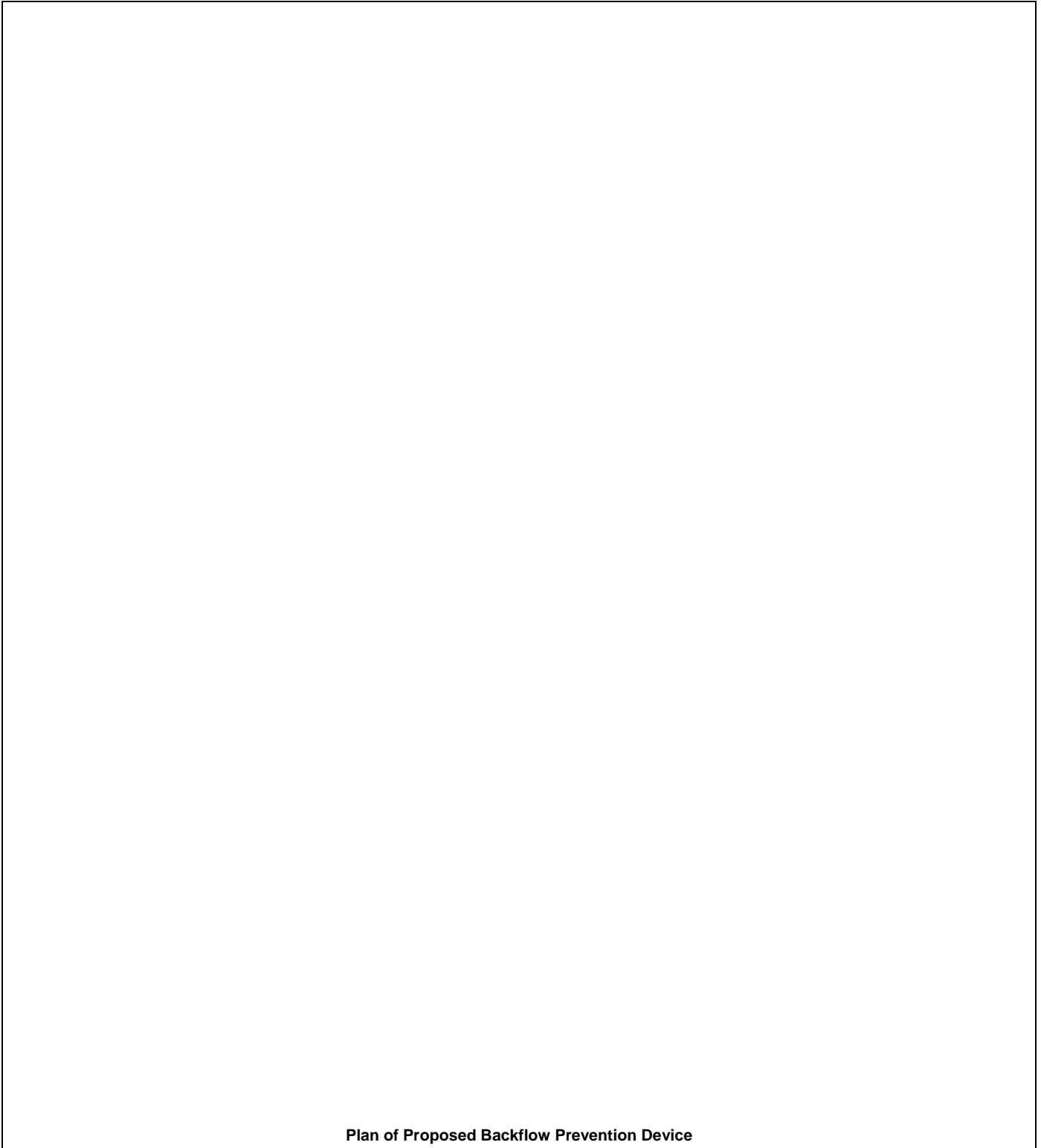
THE AGENT

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.

Agent's Name: <input type="text"/>	Contact Person: <input type="text"/> (if Agent is not an individual)	
Mailing/Billing Address: <input type="text"/>		
Street Address/Registered Office: <input type="text"/>		
E-mail Address: <input type="text"/>	Phone Day: <input type="text"/>	
Phone A'Hours: <input type="text"/>	Fax: <input type="text"/>	Cellphone: <input type="text"/>

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.