



# ASHBURTON DISTRICT COUNCIL

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

(BAM 008)

## FOR OFFICE USE ONLY

Project No:

Date Received:

## Application for a Certificate of Acceptance

(Only complete items that are applicable to your project)

### APPLICATION

I request that you issue a Certificate of Acceptance for the building work described in this application.

### THE BUILDING

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

### THE PROJECT

Description of building work: (eg dwelling, commercial, farm shed, garage etc)				
Did the building undergo a change of use?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", provide details of the new use:				
Intended life of the building:	<input type="checkbox"/>	Indefinite but not less than 50 years	<input type="checkbox"/>	or specified as <input type="text"/> years
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?)				
Associated Resource Consents:				
<b>Estimated Value</b> (inc GST) (ie the estimated aggregate of the values of all goods and services): \$				

### THE OWNER

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

### 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:	Contact Person: (if Agent is not an individual)	
Mailing/Billing Address:		
Street Address/Registered Office:		
E-mail Address:	Phone Day:	
Phone A'Hours:	Fax:	Cellphone:

## REQUIRED ATTACHMENTS

Evidence of ownership attached to this application:

Certificate of Title  Sale and Purchase Agreement

Complete and attach **ONE** of the following checklists, and provide **ALL** of the information and plans requested on that checklist:

Form BAM 050 Minor residential work  Form BAM 002-R Residential work  Form BAM 002-I Commercial/Industrial work

### Application Fee (Deposit)

Application Fee of \$  (refer to cover sheet for appropriate fees)

## REASONS

**A certificate of Acceptance is required because:**

**Unauthorised work:** The owner, or owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: (explain detail):

**Urgent work:** A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: (complete one of the following)

- for the purpose of saving or protecting life or health or preventing serious damage to property as follows: (explain in detail)

• in order to ensure that a specified system was maintained in a safe condition or made safe as follows: (explain in detail)

**Building Certifier/Building Consent Authority Work:** The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work:

Building Certifier/Building Consent Authority:

## KEY PERSONNEL

<b>Name of Builder:</b>	Registration Number:
Mailing Address:	
E-mail Address:	Phone Day:
<b>Name of Craftsman Plumber:</b>	Registration Number:
Mailing Address:	
E-mail Address:	Phone Day:
<b>Name of Registered Drainlayer:</b>	Registration Number:
Mailing Address:	
E-mail Address:	Phone Day:
<b>Name of Craftsman Gasfitter:</b>	Registration Number:
Mailing Address:	
E-mail Address:	Phone Day:
<b>Name of Designer:</b>	Registration Number:
Mailing Address:	
E-mail Address:	Phone Day:

**KEY PERSONNEL (continued)**

<b>Name of Engineer:</b>		<b>Registration Number:</b>	
<b>Mailing Address:</b>			
<b>E-mail Address:</b>		<b>Phone Day:</b>	

**NOTES BY APPLICANT (Other notes or comments which you as the applicant may wish to add)**


**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".

**Office Use Only**

Date Paid	Receipt Number	Invoice Number

**NOTES**

- An appointment must be made with a Building Consent officer to lodge this application. A minimum application fee plus relevant levies apply at that time.
- Certificate of Acceptance Fees: The charges incurred by the Council in processing this application are payable whether or not the application is approved.
- The application for a Certificate of Acceptance does not avoid the possibility of prosecution if the work was carried out illegally.