



# ASHBURTON DISTRICT COUNCIL

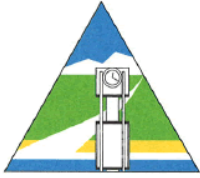
5 Baring Square West, Ashburton, New Zealand  
e-mail [info@adc.govt.nz](mailto:info@adc.govt.nz) Website [www.ashburtondc.govt.nz](http://www.ashburtondc.govt.nz)

## PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT APPLICATION

### BUILDING ACT 2004 Please read this carefully

#### INFORMATION FOR APPLICANTS FOR BUILDING CONSENTS

1. APPLICATIONS MUST BE MADE ON THE FORM ATTACHED
2. ALL PARTS OF THE FORM MUST BE ADDRESSED ALTHOUGH ALL PARTS MAY NOT BE RELEVANT TO ALL BUILDING PROJECTS. THE FORM OF APPLICATION MUST HOWEVER BE AS COMPLETE AS POSSIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
3. TOGETHER WITH THE COMPLETED APPLICATION FORM THERE SHALL BE, DEPOSITED IN DUPLICATE, THE FOLLOWING:
  - a) Indelibly executed plans showing plan, elevations and cross section of the proposed building sufficient to indicate means of construction and preferably to a scale of 1:100 or 1:50. In any event the plans must be to a clearly stated scale.
  - b) Up to date copies of the Certificate of Title that relate to the property that is being built upon.
  - c) A clear plan showing distances from property boundaries.  
In the case of a new dwelling or other major developments in rural areas, the site plan should give a clear measurement from a proposed boundary to the proposed entranceway to the new building. This dimension will be used to allocate a R.A.P.I.D number to your property which then becomes the address.
  - d) Plan showing recession planes and percentage of site coverage.
  - e) Full specifications which are applicable to the project in question. **Standard general specifications are not acceptable.**
  - f) Design Certificate, Producer Statement, calculations or other Building Industry Authority approval document relevant to the planned project.
  - g) Please note that 20 working days may be required to process your consent after initial application.
  - h) **An additional 1 copy of the floor plan is required if the value of the building work is above \$20,000.**
4. PLANS TO BE KEPT ON SITE.  
One copy of all documentation will be returned to the builder. These documents will be endorsed by Council as being approved and **MUST** be retained on the building site so the Building Official can record inspections and later issue a Code Compliance Certificate.
5. CONDITIONS AND ADVICE NOTES OF CONSENT  
All conditions and advice notes of the building consent must be met. **Inspections must be requested** as detailed in the building consent, with 48 hours notice given.  
Inspections requested and visits made when the work is not ready for inspection will be charged for and an **additional charge** may be incurred where 48 hours notice of a required inspection has not been given.
6. DEPOSIT FEES  
The amount of the deposit required will be based in the cost of work being undertaken and will consist of the PIM Fee and the Administration Fee. (refer to the Schedule of Fees and Charges 2009/2010)



# ASHBURTON DISTRICT COUNCIL

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

**(BAM 002-B)**

Version: 2

Date Issued: 19/08/09

BC \_\_\_\_\_

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

*(Only complete items that are applicable to your project)*

APPLICATION			
I request that you issue a: <i>(please tick one)</i>	<input type="checkbox"/>	Project Information Memorandum only (PIM)	
	<input type="checkbox"/>	Building Consent only (for existing PIM) No: _____	(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: _____ 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			
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: _____	Model: _____	Size: _____	
NB: List backflow preventer details separately below if more than one is to be installed.			
Value of proposed work (inc GST) \$ _____		Intended life, if less than 50 years: _____ years	
Name of Craftsman Plumber: _____			Registration Number: _____
Mailing Address: _____			
E-mail Address: _____		Phone Day: _____	
THE OWNER			
Owner's Name: _____		Contact Person: <i>(if owner is not an individual)</i> _____	
Mailing/Billing Address: _____			
Street Address/Registered Office: _____			
E-mail Address: _____		Phone Day: _____	
Phone A'Hours: _____		Fax: _____	Cellphone: _____
THE AGENT			
<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.</i>			
Agent's Name: _____		Contact Person: <i>(if Agent is not an individual)</i> _____	
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

**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”**

**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”.

## LOCATION PLAN

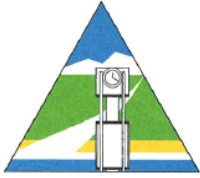
- An accurate site plan is required that identifies the location of the Backflow Prevention Device with relation to the buildings and site boundaries.
- The use of this Backflow Prevention Device and what it is protecting is to be shown on this plan.

**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.



# ASHBURTON DISTRICT COUNCIL

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

**(BAM 002-BF)**

Version: 2

Date Issued: 19/08/2009

BC \_\_\_\_\_

## BUILDING CONSENT CHECKLIST FOR BACKFLOW PREVENTION DEVICE

To be completed by applicant applying for Building Consent including a Backflow Prevention Device

This checklist shows you the information that has to be supplied with your building consent application that includes a Backflow Prevention Device.

Note that assessment of this application will be from the information provided. Additional backflow prevention may be required for the building to fully comply with the NZ Building Code.

**Once you have attached all the required information, please check for completeness as an incomplete application or lack of any supporting information will mean that your application cannot be accepted for processing.**

The Project: Backflow Preventer Details			
Applicant:			
Address:			
Tick appropriate box and provide details of the make and model:			
	Make	Model	Size
<input type="checkbox"/>	Medium Hazard		
<input type="checkbox"/>	High Hazard		
<input type="checkbox"/>	Other Details		
Value of proposed work (inclusive of GST):			
Craftsman Plumber's Name:			
Address:			
Registration No:			
Is there an existing Compliance Schedule that includes a 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 Senior Building Official of the Ashburton District Council Building Consent Authority prior to a Code Compliance Certificate being issued.

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

**Draw A Plan Showing**

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.

All water connections to the site must be identified.



**PRIVACY ACT 1993**

*The personal information requested on this form is being collected by the Building Consent Authority so that we can process the Building Consent application referred to. This information is required by the Building Act.*

*This information will be held by the Council. You may ask to check and correct any of this personal information if you wish. The personal information collected will not be shared with any units of the Council not involved in processing the application. However under the Official Information and Meetings Act 1987 this information may be made available to parties within and outside the Council.*