



ASHBURTON DISTRICT COUNCIL

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BAM 006

Version: 1

Date Issued: 08/09/2011

FOR OFFICE USE ONLY

BC No:

Date Received:

Code Compliance Certificate Application

Section 92, Building Act 2004

THE BUILDING CONSENT

Building Consent Number:		Issued By: <i>(Building Consent Authority that granted Building Consent)</i>	
Street Address <i>(or RAPID No. if applicable)</i> :		Legal Description: Lot:	DP:
		Valuation Roll Number:	
		Total Floor Area: <i>(all floors included)</i>	
		Existing:	m ² Add: m ²
Building Name <i>(if applicable)</i> :		Current lawfully established use:	
Level/Unit No:		Approx year building first constructed:	
Number of Levels:		Is there a swimming/spa pool located at this address: <i>(circle as appropriate)</i>	Yes/No

THE OWNER

Owner's Name:		Contact Person: <i>(if owner is not an individual)</i>	
Street Address/Registered Office:		Mailing/Billing Address:	
E-mail Address:		Phone Day:	
Phone After Hours:		Cellphone:	
Facsimile No.:		Website:	

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: <i>(if owner is not an individual)</i>	
Relationship to Owner			
Street Address/ Registered Office:		Mailing/Billing Address:	
E-mail Address:		Phone Day:	
Phone After Hours:		Cellphone:	
Facsimile No.:		Website:	

APPLICATION

All building work to be carried out under the above building consent was completed on:
(Insert Date work completed)

Date Completed:

PERSONNEL

The personnel who carried out the Building work are as follows:

Builder

Name:		Registration Number:
Mailing Address:		Phone Day:
		Cellphone
		E-mail Address:
E-mail Address:		Fax

Plumber

Name:		Registration Number:
Mailing Address:		Phone Day:
		Cellphone
		E-mail Address:
E-mail Address:		Fax

Drainlayer

Name:		Registration Number:
Mailing Address:		Phone Day:
		Cellphone
		E-mail Address:
E-mail Address:		Fax

Gas Fitter

Name:		Registration Number:
Mailing Address:		Phone Day:
		Cellphone
		E-mail Address:
E-mail Address:		Fax

Designer

Name:		Registration Number:
Mailing Address:		Phone Day:
		Cellphone
		E-mail Address:
E-mail Address:		Fax

Electrician

Name:		Registration Number:
Mailing Address:		Phone Day:
		Cellphone
		E-mail Address:
E-mail Address:		Fax

Engineer			
Name:			Registration Number:
Mailing Address:		Phone Day:	
		Cellphone	
		Fax	
E-mail Address:			
Others			
Name:			Registration Number:
Mailing Address:		Phone Day:	
		Cellphone	
		Fax	
E-mail Address:			

COMPLIANCE SCHEDULE

The following specified systems are contained on the Compliance Schedule for the building and , in the opinion of the personnel who has installed them, are capable of performing to the performance standards set out in the Building Consent:

There are no Specified Systems in the Building

SS Code	Specified Systems (tick which systems apply to your project)	Applicable Systems
1	Automatic systems for fire suppression (<i>for example, sprinkler systems</i>)	
2	Automatic emergency warning systems for fire or other dangers (<i>other than a warning system for fire that is entirely within a household unit and serves only that unit</i>)	
3	Electromagnetic or automatic doors or windows (<i>for example, ones that close on fire alarm activation</i>)	
4	Emergency lighting systems.	
5	Escape route pressurisation systems.	
6	Riser mains for use by fire services.	
7	Automatic backflow preventers connected to a potable water supply.	
8	Lifts, escalators, travelators, or other systems for moving people or goods within buildings.	
9	Mechanical ventilation or air conditioning systems.	
10	Building maintenance units providing access to exterior and interior walls of buildings.	
11	Laboratory fumes cupboards.	
12	Audio loops or other assistive listening systems.	
13	Smoke control systems.	
14	Emergency power systems for, or signs relating to, a system of feature specified in any clauses of 1 to 13.	
15	Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1 to 6, 9, and 13:	
15a	Systems for communicating spoken information intended to facilitate evacuation; and	
15b	Final exits (<i>as defined by clause A2 of the building code</i>); and	
15c	Fire separations (<i>as so defined</i>); and	
15d	Signs for communicating information intended to facilitate evacuation; and	
15e	Smoke separations (<i>as so defined</i>)	

COMPLIANCE CERTIFICATE

I request that you issue a Code Compliance Certificate for this work under Section 95 of the Building Act 2004. The Code Compliance Certificate should be sent to: *(state which address and whether owner or agent)*

Owner

Name:		Contact Person: <i>(if owner is not an individual)</i>	
Mailing/Billing Address:			
E-mail Address:		Phone Day:	

Agent

Agent's Name:		Contact Person: <i>(if owner is not an individual)</i>	
Mailing/Billing Address:			
E-mail Address:		Phone Day:	

Signatories

OWNER	AGENT <i>(On behalf of and with the authority of the Owner)</i>
Name: <i>(please print)</i>	Name: <i>(please print)</i>
Signature	Signature
Date:	Date:

ATTACHEMENTS

The following documents and required information are attached to the application: <i>(this list is not exhaustive)</i>	Office Use Only	
	Received	N/A
<input type="checkbox"/> Certificates from the personnel who carried out the work		
<input type="checkbox"/> Certificate that relates to the energy work		
<input type="checkbox"/> Evidence that specified systems are capable of performing to the performance standards set out in the Building Consent		
<input type="checkbox"/> Water Test Results		
<input type="checkbox"/> Engineers Construction Producer Statements, Site Inspection reports		
<input type="checkbox"/> F.P.I.S Report <i>(if required)</i>		
<input type="checkbox"/> Outstanding Payments <i>(where applicable)</i>		
<input type="checkbox"/>		