Application to Amend an Issued Building Consent

SECTION 33 OR SECTION 45, BUILDING ACT 2004



Apply Online: Preferred Option

ashburtondc.govt.nz
building@adc.govt.nz

Drop off or Post to:

2 Baring Square East
Ashburton 7700

Version: 11 Date: May 2023 Code: BAM002A Form: 2

The	Building
	_ ~ ~ ~ ~ ~ ~ ~ ~

Site address:

(Street / Road / Township)

Legal description of the land where the building is located:

Lot: DP: Valuation number:

Building name: (if applicable)

Number of levels:

(include ground level & any below ground)

Level/unit number: Area: (floor total in m²)

Current lawfully established use:

(e.g. Dwelling)

Year building first constructed:

(Only applicable to existing buildings, approximate date is acceptable, e.g. 1920's)

Location of project: (site access description

to provide directions for inspections etc.)

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Name of owner:

Contact Person: (If different from owner)

Mailing address:

Street address / registered office:

Contact details: Landline: Mobile: Daytime no:

After hours no: Fax: Website:

Email address:

The following evidence of ownership is attached to this application:

Copy of Certificate of Title (Current within 6 months of issue date, including deposited plan) OR Council to provide (additional cost)

Signed copy of Sale and Purchase Agreement Copy of Lease Agreement & Owner's Written Permission

Other document showing full name of legal owner(s) of building (e.g. current Rates Invoice)



The Agent Company Name:						
Contact Person:						
Mailing address:						
Street address / registered office:						
Contact details:	Landline:	N	Nobile:		Daytime no:	
After hours no:		Fax:		Website:		
Email address:						
Application I request that you issue an Original Building Cons		ng Consent already is	ssued for the build	ding work described	in this application.	
The Project Description of Amend	ed Work:					
Estimated value of am Rounded to the nearest \$1		ng GST):				
In addition to, or reduc	ction from, what was	stated with the c	original applica	ation:		
Addition	Redu	uction		No Change		
Associated Resource C	Consents (please pro	vide project refer	ence numbers):		
Please send all invoice	es to:	Own	er <i>F</i>	Agent		





Key Personnel / Licensed Building Practition	oners Details
BUILDER	
Name of Builder:	
Registration No:	
Mailing Address:	
Email:	Daytime Phone No:
CRAFTSMAN PLUMBER	
Name of Craftsman Plumber:	
Registration No:	
Mailing Address:	
Email:	Daytime Phone No:
REGISTERED DRAINLAYER	
Name of Registered Drainlayer:	
Registration No:	
Mailing Address:	
Email:	Daytime Phone No:
CRAFTSMAN GASFITTER	
Name of Craftsman Gasfitter:	
Registration No:	
Mailing Address:	
Email:	Daytime Phone No:
DESIGNER	
Name of Designer:	
Registration No:	
Mailing Address:	
Email:	Daytime Phone No:
ENGINEER	
Name of Engineer:	
Registration No:	
Mailing Address:	
Email:	Daytime Phone No:





Applicant Notes (Other notes or comments which the applicant may wish to add)

The Payment

Cash Direct Credit Eftpos Credit Card

Note: For direct credit, please make payment to account number **03-1592-0521970-00** include name of applicant and the Building Consent Number (if known). If you don't know the Building Consent number, please enter letters BC in the reference field. This will enable us to match your payment and prevent delays in processing your request.

Declaration

If acting "for and on behalf", I hereby declare that I am authorised to act as Agent of the Owner.

Signed: Date:

Name: I am the Owner: Agent:

Privacy Information: The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to regularly forward these to Statistics NZ. The Council stores the information on a public register which must be supplied (as previously determined by the Ombudsman) to whosoever requests the information. Under the Privacy Act 2020 you have the right to see and correct personal information the Council holds about you.





OFFICE USE ONLY Amount paid: \$		Date:	Officer:
	Deposit paid on	application	Total to be paid when consent issued
Date payment proces	ssed:	Receipt:	Officer:
Details/Notes:			
Further info required	? Yes OR	No	
Details/Notes:			
Date of acceptance:			Officer:



