



Form 2

Application No/BC: _____
 Property ID #: _____

RESIDENTIAL
APPLICATION FOR PROJECT INFORMATION MEMORANDUM
AND/OR BUILDING CONSENT Section 33 or 45, Building Act 2004

1. THE BUILDING [if item is not applicable put N/A in the space]

Street address of building: _____
 [If no street address – details of nearest intersection] _____
 Legal description of land where building is located: Lot _____ DP _____ Site area: _____m²
 Sec _____ Block _____
 Building name: _____ Valuation No: _____
 Location of building within site/block number: [Include nearest street access] _____

 Number of levels: [Above & below ground] _____
 _____ Level/Unit No: _____ Floor area: _____ (sq m) [Indicate area affected by the building work] Current, lawfully established, use: _____ Year First Constructed: _____ [Add no. of occupants per level and per use if more than 1] _____

2. OWNER

Name of Owner: _____
 Contact person: _____
 Mailing address: _____

 Street address/registered office: _____

 Phone No: _____ Landline: _____
 Mobile: _____ Daytime: _____
 After hours: _____ Facsimile: _____
 Email: _____
 Website _____

THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED:
 Certificate of Title Lease Agreement
 Agreement for Sale and Purchase Other document

3. AGENT [Only required if application is being made on behalf of the owner]

Name of Agent: _____
 Contact person: _____
 Mailing address: _____

 Street address/registered office: _____

 Phone No: _____ Landline: _____
 Mobile: _____ Daytime: _____
 After hours: _____ Facsimile: _____
 Email: _____
 Website _____

Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf] _____

FIRST POINT OF CONTACT [Mark boxes as appropriate]

Further information Agent Owner
 Invoicing: Agent Owner
 Correspondence Agent Owner
 Additional copy of Code Compliance Certificate

4. APPLICATION [Tick if applicable]

I, [name] _____ request that you issue one of the following [for the building work described in this application]:

Signature: _____ Date: _____

The signature is that of the Owner OR the Agent on behalf of and with the approval of the Owner.

- Project Information Memorandum (PIM) & Building Consent Project Information Memorandum (PIM)
 Building Consent Existing PIM No [if applicable] is: _____
 Staged Consent

Restricted Building Work applicable? Yes No

Cultural or Heritage Significance? Yes No

Financial assistance package [FAP] re-clad application -
or claim under FAP scheme? Yes No If yes, FAP claim number: _____

National Multiple Use Approval? Yes No If yes, NUA number: _____

To be completed in lieu of Authorisation Letter:

I, _____ as the owner of the property, authorise _____ to act as my agent.

Signature: _____ Date: _____

5. 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 forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information. Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

6. THE PROJECT

Description of Building Work: [Provide sufficient information below to enable scope of work to be fully understood]

Will the building work result in a change of use of the building? Yes No If Yes, provide details of the new use of the building: _____

Intended life of the building if less than 50 years: _____ [Years]

List Building Consents previously issued for this project (if any): _____

Estimated value of the building work on which the building levy will be calculated [including goods and services tax]:

\$ _____ [State estimated value as defined in section 7 of the Building Act 2004]

7. CONTACTS [Provide all details where relevant]

Please provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work *[If these details are unknown at the time of the application, they must be supplied before the building work begins]*.

DESIGNER: Name: _____ Address: _____ Email: _____ Telephone: _____ LBP No: _____ License Class: DESIGN	ENGINEER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: DESIGN
BUILDER: Name: _____ Address: _____ Email: _____ Telephone: _____ LBP No: _____ License Class: CARPENTRY	BRICK / BLOCK LAYER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: BLOCKLAYING
ROOFER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: ROOFING or CARPENTRY (delete one)	EXTERNAL PLASTERER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: EXTERNAL PLASTERING
FOUNDATIONS / FLOORS: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: FOUNDATIONS or CARPENTRY (delete one)	GAS FITTER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____
PLUMBER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____	DRAIN LAYER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____
LICENSED BUILDING PRACTITIONER: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: _____	OTHER KEY PERSONNEL: Name: _____ Address: _____ Email: _____ Telephone: _____ Reg No: _____ License Class: _____

Building Code Clause <i>Tick relevant clauses</i>	Acceptable Solution & NZS 4121 Accessible Design	Verification Method	Alternative Solution <small>[Supporting documents listed below]</small>	Waiver/Modification <small>[Supporting documents listed below]</small>	Proposed Inspections
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> AS1NZS1170 <input type="checkbox"/> B1/AS1 <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other	<input type="checkbox"/> B1/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1	<input type="checkbox"/> B2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> C1-6 Protection from Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2 <input type="checkbox"/> C/AS3 <input type="checkbox"/> C/AS4 <input type="checkbox"/> C/AS5 <input type="checkbox"/> C/AS6 <input type="checkbox"/> C/AS7 <input type="checkbox"/> C/VM1	<input type="checkbox"/> C/VM1 <input type="checkbox"/> C/VM2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> D2 Mechanical installation for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS3500	<input type="checkbox"/> E1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> SED <input type="checkbox"/> E2/AS3	<input type="checkbox"/> E2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1	<input type="checkbox"/> F1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F3 Hazardous substances and processes	<input type="checkbox"/> F3/AS1	<input type="checkbox"/> F3/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F6 Visibility in escape routes	<input type="checkbox"/> F6/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____

Building Code Clause <i>Tick relevant clauses</i>	Acceptable Solution & NZS 4121 Accessible Design	Verification Method	Alternative Solution <small>[Supporting documents listed below]</small>	Waiver/Modification <small>[Supporting documents listed below]</small>	Proposed Inspections
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1	<input type="checkbox"/> G4/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/> G5/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G6 Airborne impact sound	<input type="checkbox"/> G6/AS1	<input type="checkbox"/> G6/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1	<input type="checkbox"/> G7/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> G8/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> G9/VM1	<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> G10/VM1	<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1		<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2	<input type="checkbox"/> G12/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> AS3500 <input type="checkbox"/> G13/AS3	<input type="checkbox"/> G13/VM1 <input type="checkbox"/> G13/VM4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1	<input type="checkbox"/> G14/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1	<input type="checkbox"/> H1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____

9. WAIVER/MODIFICATION TO NZ BUILDING CODE REQUIRED FOR FOLLOWING PARTS OF CODE:

Supporting documentation attached as follows [please list]:

10. COMPLIANCE SCHEDULE

The specified systems for the building are as follows: [specified systems are defined in regulations]

Purpose group [select all relevant]

CS	CL	CO	CM	SC	SD	SA	SR	SH	WL	WM	WH	WF	IA	ID

Applicant to complete

There are no specified systems in the building

Any system installed from below to be accompanied by procedures for inspection and routine maintenance. [**Council to vet and verify in first column.**]

COUNCIL

Existing

New

Altered

Added

Removed

Inspection performance standards

Maintenance performance standards

Reporting frequency

Specified Systems Prescribed by Building Act 2004 Compliance Schedule Handbook 25 May 2007

Ss16 Cable cars

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. ATTACHMENTS

The following documents are attached to this application: [Tick as applicable]

Plans and specifications [list] _____

Memoranda from licensed building practitioner(s) who carried out or supervised any design work that is restricted building work

Project Information Memorandum

Development contribution notice

Certificate attached to Project Information Memorandum

National Environmental Standard Checklist

Other information relevant to this application: [Please specify]: _____

COUNCIL USE ONLY

ESTIMATED TOTAL VALUE OF WORK

\$ _____ GST inclusive Project floor area _____ m²

FEE PAYABLE

Project Information Memorandum	\$ _____
Building Administration	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Certificate of Title	\$ _____
Other	\$ _____
<u>LODGEMENT FEE</u>	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Industry Levy (DBH)	\$ _____
Industry Levy (BRANZ)	\$ _____
BCA Levy	\$ _____
Rural ID #	\$ _____
Compliance Schedule	\$ _____
Specified Systems	\$ _____
Vehicle Crossing	\$ _____
Street Damage	\$ _____
Water Connection	\$ _____
Sewer Connection	\$ _____
Peer Review	\$ _____
N Z F S	\$ _____
Development Contribution	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL BALANCE PAYABLE **\$ _____**

Lodgement deposit	\$ _____
Date paid	_____
Receipt No.	_____
Consent fee balance	\$ _____
Date paid	_____
Receipt No.	_____

Granted by _____

Signature _____

Date _____

Issued by _____

Signature _____

Date _____

Please complete

Forward any refunds or further invoices to:

Customer Use Circle as appropriate		Doc ref./ page #		Council Use		
Legal Documentation Required				<input type="checkbox"/> Section Checked		
Yes	N/A		Full, current (less than three months old) Certificate of Title and survey plan is required for all new dwellings and external building work. All consent notices, encumbrances and easement instruments. If not provided Council can supply a CT but it will attract an additional fee. <i>NB: If a cross lease, please also provide a flats plan</i>	Yes	No	N/A
Yes	N/A		Sale and purchase agreement with settlement date provided (if applicable)	Yes	No	N/A
Yes	N/A		Full copy of lease agreement (if applicant is lessee)	Yes	No	N/A
Site/Location Plan				<input type="checkbox"/> Section Checked		
Yes	N/A		North Point	Yes	No	N/A
Yes	N/A		Road frontage indicated and street named	Yes	No	N/A
Yes	N/A		Location of all existing and proposed buildings	Yes	No	N/A
Yes	N/A		Distance of buildings to boundaries and distance between existing and proposed buildings including eaves and gutters	Yes	No	N/A
Yes	N/A		Site levels and finished floor levels relative to Moturiki Datum survey point (if applicable)	Yes	No	N/A
Yes	N/A		Existing contours (proposed cut or fill also to be shown)	Yes	No	N/A
Yes	N/A		Show how wind zone was determined	Yes	No	N/A
			State windzone:			
Yes	N/A		Earthquake zone determined	Yes	No	N/A
Yes	N/A		Durability determined	Yes	No	N/A
Yes	N/A		Building line restrictions and easements	Yes	No	N/A
Yes	N/A		Site boundaries/exclusive area boundaries for cross lease properties and common areas clearly shown	Yes	No	N/A
Yes	N/A		Show calculations and percentage of net site coverage	Yes	No	N/A
Yes	N/A		Labelled points on boundaries where overshadowing is taken from	Yes	No	N/A
Yes	N/A		Dimensions and location of parking spaces shown onsite	Yes	No	N/A
Yes	N/A		Existing and proposed access for vehicles	Yes	No	N/A
Yes	N/A		Sediment control plan	Yes	No	N/A
Yes	N/A		Fire walls shown (<i>if applicable – please provide firewall design</i>)	Yes	No	N/A
Yes	N/A		If building under or near transmission lines, please show transmission plan area	Yes	No	N/A
Yes	N/A		Has site assessment of soil conditions been provided to 3604:2011?	Yes	No	N/A
Yes	N/A		To what standard has this building been designed?	Yes	No	N/A
Yes	N/A		Natural hazards (see definitions of Natural Hazard NZBA 2004 section 71)	Yes	No	N/A
Comments – Council Use Only						

Customer Use Circle as appropriate		Doc ref./ page #		Council Use		
Plumbing and Drainage				<input type="checkbox"/> Section Checked		
Yes	N/A		Means of compliance e.g. G13 or AS3500	Yes	No	N/A
Yes	N/A		All existing SEWERS, sewer connections and sewer drains shown including Territorial Authority services	Yes	No	N/A
Yes	N/A		All existing STORMWATER drains and connections shown including Territorial Authority services	Yes	No	N/A
Yes	N/A		Proposed sewer and stormwater drains/soak holes shown	Yes	No	N/A
Yes	N/A		Existing and proposed potable water supply and water supply for firefighting shown (rural sites only)	Yes	No	N/A
Yes	N/A		All existing and proposed sanitary fittings including pipe sizes and gradients (isometric)	Yes	No	N/A
Yes	N/A		Specifications proprietary or tiled shower – supply waterproof membrane specifications for tiled showers	Yes	No	N/A
Yes	N/A		Standard Regional Council design system or Regional Council approved effluent disposal system	Yes	No	N/A
Yes	N/A		Specifications for hot water heating system including seismic restraints	Yes	No	N/A
Yes	N/A		Water Supply Schematic (if more than one floor)	Yes	No	N/A
Yes	N/A		Backflow preventer shown – type and location (if applicable)	Yes	No	N/A
Yes	N/A		Stormwater disposal design and calculations	Yes	No	N/A
Foundation Plan				<input type="checkbox"/> Section Checked		
Yes	N/A		Foundation design details	Yes	No	N/A
Yes	N/A		Engineer design, calculations and PS1 provided	Yes	No	N/A
Yes	N/A		For timber floors and decks, show the location of piles, pile type, sub-floor bracing calculations, foundation perimeter walls and internal piling system where applicable	Yes	No	N/A
Yes	N/A		Upper Storey floor design if applicable	Yes	No	N/A
Yes	N/A		Floor joist layout for floors and decks	Yes	No	N/A
Floor Plan				<input type="checkbox"/> Section Checked		
Yes	N/A		Plan of all floors describing the function of each room	Yes	No	N/A
Yes	N/A		Show all doors, windows and ventilation including enclosed space ventilation	Yes	No	N/A
Yes	N/A		For additions and alterations, the existing shall be shown separately to the “proposed” and to the same scale for comparison	Yes	No	N/A
Yes	N/A		Stairs, handrails and decking shown showing dimensions and details	Yes	No	N/A
Yes	N/A		Square metre of floor plans	Yes	No	N/A
Yes	N/A		Lintel sizes/beam sizes and proprietary system design	Yes	No	N/A
Yes	N/A		Disabled access to building showing dimensions and details	Yes	No	N/A
Yes	N/A		Disabled access toilet showing dimensions and details	Yes	No	N/A
Yes	N/A		Surface finishes to wet areas (walls and floor to laundry, kitchen and bathroom).	Yes	No	N/A
Yes	N/A		State any change of use	Yes	No	N/A
Yes	N/A		Smoke alarms position shown	Yes	No	N/A
Comments – Council Use Only						

Customer Use Circle as appropriate		Doc ref./ page #		Council Use		
Elevations				<input type="checkbox"/> Section Checked		
Yes	N/A		North, South, East and West elevations	Yes	No	N/A
Yes	N/A		Overshadowing labelled to correspond with points on site plan shown on all elevations	Yes	No	N/A
Yes	N/A		Height from ground level to apex of building	Yes	No	N/A
Yes	N/A		Show existing finished ground levels/floor levels and proposed finished ground levels/floor levels	Yes	No	N/A
Yes	N/A		For timber floors show subfloor ventilation and access	Yes	No	N/A
Yes	N/A		Stairs, handrails and decking shown	Yes	No	N/A
Yes	N/A		Cladding systems, roofing type and any other relevant details	Yes	No	N/A
Yes	N/A		Window Schedule	Yes	No	N/A
Yes	N/A		Roof pitch and chimneys (show height of chimney in relation to ridge)	Yes	No	N/A
Yes	N/A		Alterations to land contour, retaining, cuts, fill and batters	Yes	No	N/A
Weathertightness				<input type="checkbox"/> Section Checked		
Yes	N/A		Is a weathertight claim or a building surveyor's report involved with this application?	Yes	No	N/A
Yes	N/A		If project is subject to a weathertight homes claim, has an assessor's report been supplied?	Yes	No	N/A
Yes	N/A		Level of supervision proposed and by whom?	Yes	No	N/A
Specifications and Other Documentation				<input type="checkbox"/> Section Checked		
Yes	N/A		Two sets of specifications that make reference to NZBC, which are relevant and to current NZ standards	Yes	No	N/A
Yes	N/A		Specifications should be project specific and appropriate to the building construction. It should be laid out in easily followed sections shown in an index covering methods and materials that are not included in the building plans, e.g. pipe work materials quoting up to date references	Yes	No	N/A
Yes	N/A		H1 calculations	Yes	No	N/A
Yes	N/A		E2 Risk Matrix	Yes	No	N/A
Cross Section				<input type="checkbox"/> Section Checked		
Yes	N/A		Drawings showing constructional details of foundations	Yes	No	N/A
Yes	N/A		Drawings showing wall ceiling, stud heights and stud sizes	Yes	No	N/A
Yes	N/A		Drawings showing roof construction	Yes	No	N/A
Yes	N/A		Drawings showing balustrades and barriers	Yes	No	N/A
Framing Plan/Bracing Plan				<input type="checkbox"/> Section Checked		
Yes	N/A		Bracing details – type and fixings	Yes	No	N/A
Yes	N/A		Bracing calculations	Yes	No	N/A
Yes	N/A		Framing plan	Yes	No	N/A
Yes	N/A		Top and bottom plate fixing details	Yes	No	N/A
Yes	N/A		Roof purlins hold down details	Yes	No	N/A
Yes	N/A		Lintel fixing details	Yes	No	N/A
Yes	N/A		Upper storey(s) floor design, if applicable	Yes	No	N/A
Yes	N/A		Floor joist layout for floors and decks	Yes	No	N/A
Comments – Council Use Only						

Customer Use Circle as appropriate		Doc ref./ page #		Council Use		
Roof Plan				<input type="checkbox"/> Section Checked		
Yes	N/A		Roof plan and roof bracing	Yes	No	N/A
Yes	N/A		Truss types/roof framing layout	Yes	No	N/A
Yes	N/A		Truss manufacturer PS1 – dated and signed	Yes	No	N/A
Specific Design Engineering				<input type="checkbox"/> Section Checked		
Yes	N/A		Engineering calculations and scope of works	Yes	No	N/A
Yes	N/A		Producer statements fully completed, signed and dated	Yes	No	N/A
Yes	N/A		Engineered plans or Architectural plans with engineer's details to be signed, dated and stamped	Yes	No	N/A
Retaining Walls/Site Works				<input type="checkbox"/> Section Checked		
Yes	N/A		Site Plan indicating position and height of retaining walls and drainage points	Yes	No	N/A
Yes	N/A		Cross sections/details (cut, fill, height of retained ground, waterproof membrane and drainage) and height of wall indicated	Yes	No	N/A
Yes	N/A		Engineering design and barrier details where required	Yes	No	N/A
Yes	N/A		Show cuts battered to a safe angle	Yes	No	N/A
Yes	N/A		Provide information on silt run off control	Yes	No	N/A
Swimming Pool/Spa Pool				<input type="checkbox"/> Section Checked		
Yes	N/A		Site plan (refer site plan section of checklist)	Yes	No	N/A
Yes	N/A		Plan of all floors describing the function of each room. Show all doors and windows.	Yes	No	N/A
Yes	N/A		Fences/Gates with dimensions.	Yes	No	N/A
Yes	N/A		Show access restrictions and locking device details for doors and windows to pool area from all doors and windows	Yes	No	N/A
Yes	N/A		Have immediate pool area hazards been identified	Yes	No	N/A
Yes	N/A		Pool manufacturer's specifications	Yes	No	N/A
Yes	N/A		Elevations/Cross section showing all construction details	Yes	No	N/A
Yes	N/A		Location of backwash indicating connection to nearest gully trap	Yes	No	N/A
Yes	N/A		Backflow preventer shown – type and location	Yes	No	N/A
Solid Fuel Heaters				<input type="checkbox"/> Section Checked		
Yes	N/A		Floor plan showing position of SFH and location and distance of all smoke alarms	Yes	No	N/A
Yes	N/A		Make/Model	Yes	No	N/A
Yes	N/A		Indicate inbuilt or freestanding	Yes	No	N/A
Yes	N/A		Manufacturers specifications	Yes	No	N/A
Yes	N/A		Type of roof (e.g. tile, coloursteel, etc)	Yes	No	N/A
Yes	N/A		Flashing details (new or existing)	Yes	No	N/A
Yes	N/A		Wetback diagram and installation details	Yes	No	N/A
Yes	N/A		Seismic restraints provided	Yes	No	N/A
Comments – Council use only						

Solar Heating				<input type="checkbox"/> Section Checked		
Yes	N/A		Location of solar panels/tubes on roof plan	Yes	No	N/A
Yes	N/A		Location of hot water cylinder and size	Yes	No	N/A
Yes	N/A		Specifications and flashing details	Yes	No	N/A
Yes	N/A		Show location on elevations and compliance with overshadowing	Yes	No	N/A

Comments – Council use only

ADDITIONAL FEES
Please be aware that additional fees may be applied after lodgement deposit is paid, for inspections, processing, certificates, government levies and the like.

Person completing checklist

Name of person signing: _____ Date: _____
 Signature: _____ Agent Owner Other: _____

Outcome of decisions – Council Use Only	Officer	Date
<input type="checkbox"/> This application was not accepted for lodgement because documentation was incomplete		
<input type="checkbox"/> This application needs to be re-vetted		
<input type="checkbox"/> Documentation is now complete and the application is accepted for lodgement		
<input type="checkbox"/> Application will now proceed for compliance checking		

Time taken to vet application: _____ **minutes**

Council Specific Requirements						
Customer Use Circle as appropriate		Doc. ref/ page #		Council Use		
Tauranga City Council						
Yes	N/A		Land undergoing subdivision – If the title has not yet been issued, the council may or may not accept your application. Refer to the Land Undergoing Subdivision Checklist form AC-6	Yes	No	N/A
Yes	N/A		50m ² continuous outdoor living area incorporating a 4x3m outdoor living court minimum dimension	Yes	No	N/A
Rotorua District Council						
Yes	N/A		Soil investigation that has a conclusion readily identifiable in accordance with chapter 3 RCEIS	Yes	No	N/A
Yes	N/A		Any geothermal activity on or near site, distances to proposed building work (SED where <50m to a bore or geothermal feature)	Yes	No	N/A
Whakatane District Council						
Opotiki District Council						
South Waikato District Council						
Kawerau District Council						
Western Bay of Plenty District Council						
Taupo District Council						
Yes	N/A		Any geothermal activity on or near site, distances to proposed building work	Yes	No	N/A
Yes	N/A		Relocatable Buildings: Is the structure being relocated in more than one part? If so, please provide detail of how the building will be reconnected showing compliance with NZBC including B1 & E2.	Yes	No	N/A
			Please provide current photos for all elevations	Yes	No	N/A
			Please specify how you would like to receive your approved documents: (select one option) <input type="checkbox"/> USB (\$10.00) <input type="checkbox"/> Paper copy - Plans only printed to a maximum size of A3 . Due to this the scale of plans may be affected. (\$35.00 minimum fee)			