



APPLICATION FOR CODE COMPLIANCE CERTIFICATE

(Section 92, Building Act 2004)

BA Form 6

Version 4

February 2012

Table with 3 columns: Send or deliver your application to: Building Services, Timaru District Council, 2 King George Place, PO Box 522, Timaru 7940; Telephone: (03) 687 7200, Fax: (03) 687 7209, Email: building@timdc.govt.nz, Web: www.timaru.govt.nz; Building Consent No:

IMPORTANT: A Code Compliance Certificate is the final council sign off for your building work. This Application for Code Compliance Certificate should be completed as soon as possible following the completion of all building/drainage work. All required documentation must also be provided. The application, and relevant documentation, should be forwarded to Building Advisory Services at the Timaru District Council, P O Box 522, Timaru and then we will contact you to arrange a final inspection. Please ensure that a daytime telephone number is provided so we may contact you during business hours.

A THE BUILDING CONSENT

Building Consent Number: (insert building consent number)

Issued by: (insert name of building consent authority that granted building consent)

1 B THE OWNER

Name of Owner: (include preferred form of title, eg, Mr, Miss, Dr, if an individual)

2 Contact Person: (only required if different from owner)

Mailing Address:

Street Address/Registered office:

Contact Details: Landline Number, Daytime Number, Facsimile Number, Mobile Number, After hours Number, Email Address. Please attach one of the following as evidence of ownership to this application: [] copy of certificate of title, [] lease, [] agreement for sale and purchase, [] or other document showing full name of legal owner(s) of the building.

1 Delete this section if details have not changed from the building consent. 2 Delete if owner is an individual.

3 C AGENT*(Only required if application is being made on behalf of the owner, delete if not applicable)***3 Name of Agent:**

.....

Contact Person:

.....

Mailing Address:

.....

Street Address/Registered Office:

.....

4 Contact Details:

Landline Number: **Mobile Number:**
Daytime Number: **After Hours Number:**
Facsimile Number: **Email Address:**

Relationship to Owner:*(state details of the authorisation from the owner to make the application on the owner's behalf)*

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5 First Point of Contact:*(for communications with the Council)*

Full Name of Contact:
Mailing Address:
Street Address/Registered Office:
Landline Number: **Mobile Number:**
Daytime Number: **After Hours Number:**
Facsimile Number: **Email Address:**

D THE APPLICATION**All building work to be carried out under the above building consent was completed on:***(insert date)*

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Restricted Building Work (RBW)

The licensed building practitioner(s) who carried out or supervised the restricted building work is/are as follows:

Name	Licensing Class	Licensed Practitioner Number (or registration number if treated as being licensed under section 291 of the Building Act 2004)	Building Number	Particular work carried out or supervised

Concreter:

Business/Name:
Address:
Daytime: **Mobile:**
After Hours: **Facsimile:**
Registration/Qualification:
Product Name:
Manufacturer:

Joiner:

Business/Name:
Address:
Daytime: **Mobile:**
After Hours: **Facsimile:**
Registration/Qualification:
Product Name:
Manufacturer:

³ Delete this section if the application is not being made on behalf of the owner.⁴ Delete if the agent is an individual.⁵ Contact details must be in New Zealand.

Tanking Applicator:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Plasterer/textured Coater:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Gasfitter:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Electrician:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Plumber:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Drainlayer:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Carpenter:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Brick/Block layer:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Deck/roof membrane applicator:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Rofer:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Concealed fascia installer:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

Others:

Business/Name:
Address:
Daytime: Mobile:
After Hours: Facsimile:
Registration/Qualification:
Product Name:
Manufacturer:

H COMPLIANCE SCHEDULE

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing standards set on in the building consent:

<input type="checkbox"/> There are no specified systems in the building.	
Cable Car (including to individual dwelling)	<input type="checkbox"/>
Automatic systems for fire suppression (for example, sprinkler systems)	<input type="checkbox"/>
Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>
Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation)	<input type="checkbox"/>
Emergency lighting systems	<input type="checkbox"/>
Escape route pressurisation systems	<input type="checkbox"/>
Riser mains for Fire Service use	<input type="checkbox"/>
Any automatic back-flow preventer connected to a potable water supply	<input type="checkbox"/>
Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>
Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>
Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>
Laboratory fume cupboards	<input type="checkbox"/>
Audio loops or other assistive listening systems	<input type="checkbox"/>
Smoke control systems	<input type="checkbox"/>
Emergency power systems for, or signs relating to, a system or feature specified	<input type="checkbox"/>
Systems for communication spoke information intended to facilitate evacuation	<input type="checkbox"/>
Final exits (as defined by clause A2 of the Building Code)	<input type="checkbox"/>
Fire separations (as defined by clause A2 of the Building Code)	<input type="checkbox"/>
Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>
Smoke separations (as defined by clause A2 of the Building Code)	<input type="checkbox"/>

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)

⁶ Signed by the owner, OR

Signature:
 Name:
 Date:

Signed by the agent (on behalf of, or with authority from, the owner)

Signature:
 Name:
 Date:

I ATTACHMENTS

The following documents are attached to this application: (tick boxes applicable)

- Memoranda (Records of Building Work) from licensed building practitioner(s) stating what restricted building work they carried out or supervised.
- Other documents from the personnel who carried out the work.
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent

⁶ Delete items not applicable.