



APPLICATION FOR BUILDING CONSENT FOR SOLID/LIQUID FUEL HEATING APPLIANCE

BA Form 2H

Version 11

March 2012

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	Application No:
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A THE BUILDING <i>(Project Location)</i>	
Street or road address of building:	Legal description of land where building is located: <i>(state legal description as at the date of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent)</i> Valuation number: Zone: Lot: DP: Section:
Building name: <i>(if applicable)</i>	Location of building within site: <i>(include nearest street access)</i>
Number of levels: <i>(include ground level and any levels below ground)</i>	Level/Unit Number: <i>(if applicable)</i>
Area: <i>total floor area (indicate area affected by the building work if less than the total area)</i>	Intended use (if new) or Current, lawfully established, use (if existing): <i>(include number of occupants per level and per use if more than one level)</i>

Year first constructed: <i>(insert year, approximate date is acceptable eg. 1920s or 1960-1970)</i>	Date Stamp Received - Office Use
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B THE OWNER	
Name of owner: <i>(include preferred form of title, eg., Mr, Miss, Dr, if an individual)</i>	
Contact person: <i>(only required if different from owner)</i>	
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: <input type="checkbox"/> copy of certificate of title, <input type="checkbox"/> lease, <input type="checkbox"/> agreement for sale and purchase, <input type="checkbox"/> or other document showing full name of legal owner(s) of the building.	

C AGENT*(Only required if application is being made on behalf of the owner, delete if not applicable)***Name of agent:**.....
.....**Contact person:**.....
.....**Mailing address:**.....
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.....**Street address/Registered office:**.....
.....
.....**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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First point of contact: *(state full name, mailing address, phone numbers and email address)*

Name of contact: Mobile number:
 Mailing address: Email address:
 Daytime number:

D THE APPLICATIONInvoice to: Owner, Agent**Signed by the owner, OR**

Signature:
 Name:
 Date:

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

Signature:
 Name:
 Date:

E THE PROJECT**INSTALLATION OF A SOLID FUEL HEATER**

Applicant	Item	Council
<input type="checkbox"/>	Make: _____ Model: _____	<input type="checkbox"/>
<input type="checkbox"/>	New Model / Second Hand Model ⁽¹⁾	<input type="checkbox"/>
<input type="checkbox"/>	Inbuilt / Free Standing	<input type="checkbox"/>
<input type="checkbox"/>	Wetback	<input type="checkbox"/>
<input type="checkbox"/>	Fuel: Wood / Multifuel / Pellets	<input type="checkbox"/>
<input type="checkbox"/>	Clean Air Certificate No: ⁽²⁾	<input type="checkbox"/>
<input type="checkbox"/>	Is this heater replacing an existing heater? Make: _____ Model: _____	<input type="checkbox"/>
<input type="checkbox"/>	Installer: _____	<input type="checkbox"/>
<input type="checkbox"/>	Address of Installer: _____	<input type="checkbox"/>
<input type="checkbox"/>	If installation includes a wetback state the craftsman plumber details. Name (individual): _____ Address: _____	<input type="checkbox"/>
<input type="checkbox"/>	Specifications Include 2 full sets of manufacturer installation instructions.	<input type="checkbox"/>
<input type="checkbox"/>	Floor & Site Plans Provide 2 copies each of (a) floor plan showing location of heater and, (b) site plan showing distances from boundary.	<input type="checkbox"/>
<input type="checkbox"/>	Smoke Detectors Show locations of smoke detectors.	<input type="checkbox"/>
<input type="checkbox"/>	Flue & Flashing Provide 2 copies showing full details of flue and roof flashings.	<input type="checkbox"/>
<input type="checkbox"/>	Second Hand Appliance Producer statement from manufacturer for durability.	<input type="checkbox"/>

F ADVISORY NOTES FOR SOLID FUEL HEATERS

All Heaters
Building Consent required
Installed to Manufacturer's Installation Instructions
Inspection by Council
Code Compliance Certificate
Wet backs **connected** to Hot Water Cylinder and **Heat Tempering Valve** by Craftsman Plumber
Note: Council cannot assist with installation instructions

Disclaimer
Advisory notes are issued on a no-liability basis. They are to assist Council customers to meet compliance issues.

IMPORTANT NOTE:
Environment Canterbury rules relating to solid fuel heaters require that only low emission wood burners or pellet fires currently listed on their website (www.ecan.govt.nz) be installed on any property smaller than 2 hectares.
Any enquires re solid fuel heaters and their emissions should be referred to:
Environment Canterbury - Free Phone 0800 32 4636

