



APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE

(Section 106, Building Act 2004)

BA Form 11

Version: 2

Date: March 2011

Send or deliver your application to: Building Services, Timaru District Council, 2 King George Place, P O Box 522, Timaru	Telephone: (03) 687 7200 Fax: (03) 687 7209 Email: building@timdc.govt.nz Web: www.timaru.govt.nz	Application No:
--	--	------------------------

A THE BUILDING <small>(description of premises/part of premises for which)</small>	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:	Current, lawfully established use: <i>(include number of occupants per level and per use if more than 1 level)</i>

B. THE OWNER <small>(person who owns), occupier or controls premises)</small>	Name of owner <i>(include preferred form of title, e.g. Mr, Miss, Dr, if an individual)</i>	
	Contact Person <i>(only if different from owner)</i>	
	Mailing Address <i>(insert mailing address)</i>	Street Address/ Registered Office <i>(Insert street address/ registered office)</i>
	Contact Details: Telephone Number: Mobile Number: Fax 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"/> licence, <input type="checkbox"/> property management agreement, <input type="checkbox"/> or other [state] document showing full name of legal owner(s) of the building		

C. THE AGENT (only required if application is being made on behalf of the owner, delete if not applicable)

Name of Agent *(insert agent name)*

.....

Contact Person *(insert contact name)*

.....

Mailing Address

.....

.....

.....

Street Address/Registered Office

.....

.....

.....

Contact Details:

Telephone Number: Mobile Number:

Fax Number: Email Address:

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

First point of contact *(if different from owner or agent)*

Name of contact:

Mailing address:

Street Address/Registered Office:

Telephone Number: Mobile Number:

Fax Number: Email Address:

D APPLICATION

I request that the compliance schedule for the above building be amended as follows:

.....

.....

.....

.....

.....

.....

Specified Systems	Amendment	Reason: <i>(state why amendment is required to ensue that the specified system meets the performance standards)</i>

E ATTACHMENT
Copy of existing compliance schedule

Signed by the owner, OR

Signature:

Name:

Date:

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

Signature:

Name:

Date: