



**APPLICATION FOR BUILDING CONSENT &
CODE COMPLIANCE CERTIFICATE**
(Marquee exceeding 100m² - to be
used for a period of not more than 1 month)

BA Form 2M
Version 9
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	Lot No:	Application No:
		DP No:	Valuation No:

Name of Owner:

Name:

Address:

Contact telephone number:

Signed by owner:

Applicant: (only required if application is being made on behalf of the owner, delete if not applicable)

Name:

Address:

Contact telephone number:

Signed on behalf of owner:

Relationship to owner:

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

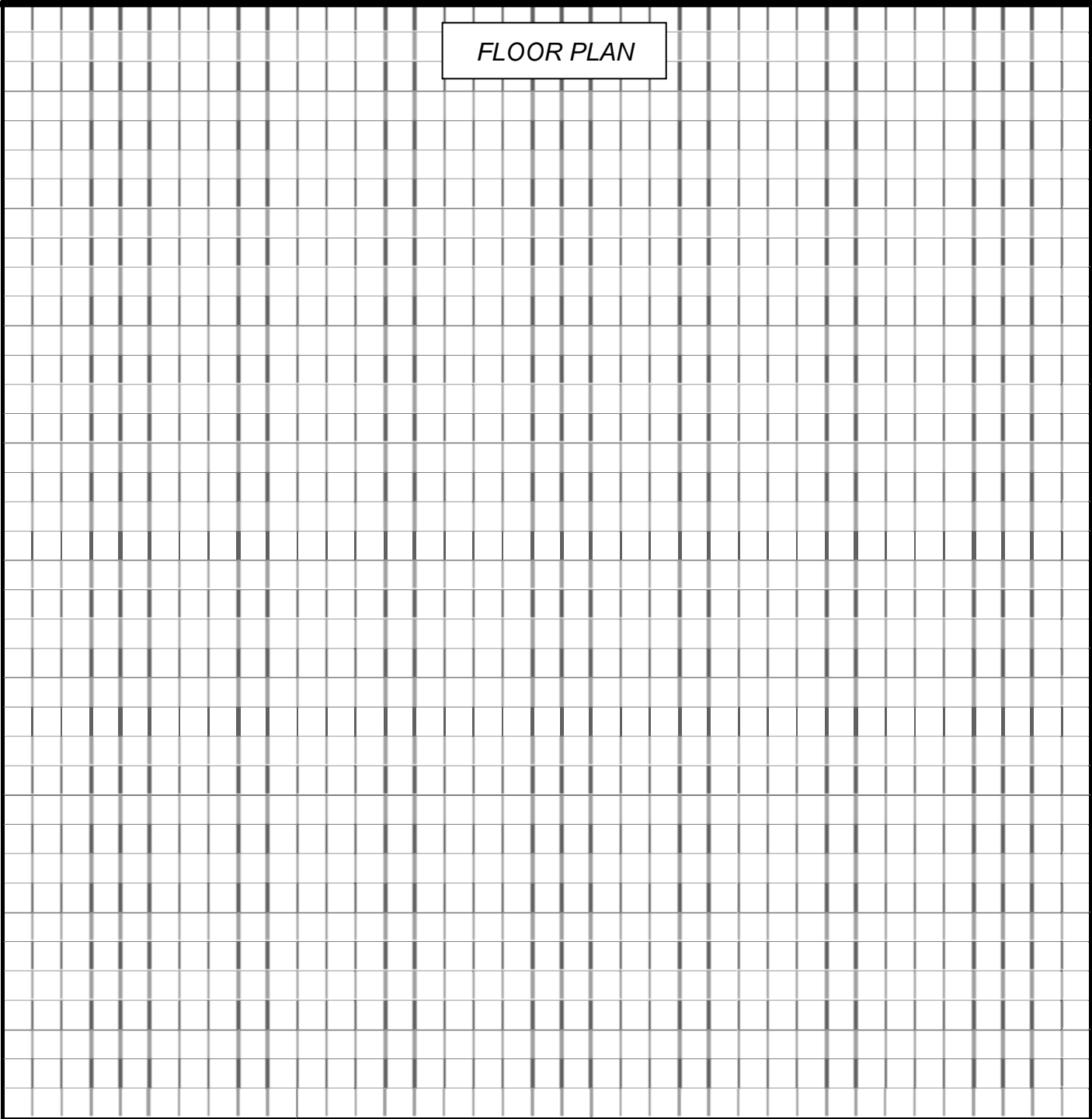
Location (address): (only required if located at different address to that of owner)	Date Stamp Received - Office Use
Description of function: (This box must be completed)	

APPLICANT TO COMPLETE		<i>All boxes must be completed</i>		Council Comment	
Type of Function	Private Public (delete not applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Number of persons attending function:	<input type="checkbox"/>	<input type="checkbox"/>
Number of toilets:	<input type="checkbox"/>	<input type="checkbox"/>
Is a Sale of Liquor Licence being sought?	Yes No (delete not applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Caterers / Food suppliers:	<input type="checkbox"/>	<input type="checkbox"/>
Marquee supplied by:	<input type="checkbox"/>	<input type="checkbox"/>
Suppliers contact phone:	<input type="checkbox"/>	<input type="checkbox"/>
Attach Flammability Certificate to application (required):	<input type="checkbox"/>	<input type="checkbox"/>
Name of person who is erecting marquee:	<input type="checkbox"/>	<input type="checkbox"/>
Is emergency lighting provided (only required where more than 250 persons in attendance.)	Yes No	<input type="checkbox"/>	<input type="checkbox"/>
Type of heating provided:	<input type="checkbox"/>	<input type="checkbox"/>
Number of fire extinguishers provided (Show location on plan):	Are evacuation procedures in place: Yes No (delete not applicable)		<input type="checkbox"/>
Date marquee is to be erected:	/ /	Date & time when inspection is required	/ /	am/pm	
Date marquee to be dismantled:	/ /	Fee: <input type="checkbox"/> Invoice to Owner	<input type="checkbox"/> Invoice to Applicant		

PLEASE PROVIDE SITE PLAN OF LOCATION OF MARQUEE,

PROPOSED LAYOUT, LOCATION OF TOILETS & EXIT DOORS.

FLOOR PLAN



APPROVAL FOR USE		
Planning:	Health:	
Fire Service Notified:	Building:	
Building Consent No:		
Fee:	Receipt No:	Date Paid: