



APPLICATION FOR CODE COMPLIANCE CERTIFICATE

(Section 92, Building Act 2004)

Application Form 6
Version 1
May 2005

Send or deliver your application to: Building Advisory 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:
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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: Mobile number:
Daytime Number: After hours number:
Facsimile 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.

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:
.....
.....
.....

¹ Delete this section if details have not changed from the building consent.
² Delete if owner is an individual.
³ Delete this section if the application is not being made on behalf of the owner.

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)

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)

The personnel who carried out the building work are as follows:

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:

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:

⁵ Contact details must be in New Zealand.
⁴ Delete if the agent is an individual.

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:

Roofer:

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"/>
Means of escape from fire	<input type="checkbox"/>
Safety barriers	<input type="checkbox"/>
Means of access and facilities for use by persons with disabilities which meet the requirements of section 118	<input type="checkbox"/>
Hand-held hose reels for fire fighting	<input type="checkbox"/>
Such signs as are required by the Building Code or by section 120	<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)

Certificates from the personnel who carried out the work

Certificates that relate to the energy work

Evidence that specified systems are capable of performing to the performance standards set out in the building consent

⁶ Delete items not applicable.