

**Form 2: Application for project information memorandum and/or building consent**

Section 33 or 45, Building Act 2004

Timaru District Council - Building Services  
 PO Box 522  
 2 King George Place  
 Timaru 7910  
 Telephone: (03) 687 7200  
 Email: building@timdc.govt.nz  
 www.timaru.govt.nz



**1. THE BUILDING** *[Complete all applicable sections]*

Street address of building: .....

.....

*[If no street address – details of nearest intersection]* .....

Legal description of land where building is located: Lot ..... DP.....

Site area ..... (m<sup>2</sup>) Sec ..... Block.....

Building name: ..... Valuation Number .....

Location of building within site/block number: *[Include nearest street access]* .....

.....

Number of levels: *[Above & below ground]* ..... Level /Unit Number: .....

Floor area: ..... (m<sup>2</sup>) *[Indicate area affected by the building work]*

Current, lawfully established, use: ..... Year First Constructed: .....

*[Add no. of occupants per level and per use if more than 1]* .....

**OFFICE USE ONLY:**

Consent Number:

.....

PIM Number:

.....

Compliance Schedule No:

.....

Date received:

.....

**2. APPLICATION** *[Nominate as applicable]*

I request that you issue a: (for the building work described in this application)

Project Information Memorandum (PIM)

Project Information Memorandum (PIM) and Building Consent (BC)

Building Consent The existing PIM No *[If applicable]* is: .....

Amendment to an existing Building Consent. The existing BC No is: .....

Staged Consent – Being stage ..... of ..... stages

State the reference number if this application involves a National Multiple Use Approval: .....

Name: ..... Signature: ..... Date: .....

The signature is that of the  Owner **OR**  the Agent on behalf of and with the approval of the Owner

This is my address for service and I acknowledge that some communications may be by email.

Please nominate if email address is not available

**3. THE PROJECT**

DESCRIPTION OF BUILDING WORK: *(Provide sufficient information below to enable scope of work to be fully understood)*

.....

.....

.....

Current use of building: ..... *[E.g. Home, implement shed, office]*

Will the building work result in a change of use of the building?  Yes  No. If Yes, provide details of the new use of the building:

.....

Intended life of the building if less than 50 years: ..... *[Years]*

List Building Consents previously issued for this project *(if any)*: .....

Estimated value of the building work on which the building levy will be calculated (including goods and services tax):

\$..... *[State estimated value as defined in section 7 of the Building Act 2004]*

Is prescribed energy work to be part of this Building Consent *(tick if applicable)* Gas  Electricity



Central Otago District Council	Queenstown Lakes District Council
Clutha District Council	Southland District Council
Dunedin City Council	Timaru District Council
Gore District Council	Waimate District Council
Invercargill City Council	Waitaki District Council
Mackenzie District Council	

**4. OWNER**

**5. AGENT** *[Only required if application is being made on behalf of the owner]*

Name of Owner: ..... Contact person ..... Mailing address: ..... ..... Street address/registered office: ..... ..... Phone No.: Landline: ..... Mobile: ..... Daytime: ..... After hours: ..... Facsimile: ..... Email: ..... Website: ..... <b>THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED:</b> <input type="checkbox"/> Certificate of Title <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Agreement for Sale and Purchase <input type="checkbox"/> Other document	Name of Agent: ..... Contact person: ..... Mail address: ..... ..... Street address/registered office: ..... ..... Phone No.: Landline: ..... Mobile: ..... Daytime: ..... After hours: ..... Facsimile: ..... Email: ..... Website: ..... Relationship to owner: <i>[State details of the authorisation from the owner to make the application on the owner's behalf]</i> ..... .....
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**FIRST POINT OF CONTACT** for communications with the Council / Building Consent Authority:     Owner                       Agent

Or : *(If different to above details)* Name : .....                      Email:.....

Mailing Address:.....                      Phone: .....                      Facsimile:.....

.....

**BILLING (PAYER) DETAILS:**     Owner     Agent     Other, (state name & mailing address) .....

.....

**6. RESTRICTED BUILDING WORK**

Will the building work include any restricted building work?     Yes     No

If Yes, provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work *(If these details are un-known at the time of the application, they must be supplied before the building work begins.):*

Name	Licensing Class	Licensed Building Practitioner Number <small><i>(or registration number if treated as being licensed under section 291 of the Building Act 2004)</i></small>

**Note:** Continue on another page if necessary

**7. PROJECT INFORMATION MEMORANDUM** *[Do not fill in this section if the application is for a building consent only]*

The following matters are involved in the project: *[Nominate the matters relevant to the project]*

- Subdivision
- Alterations to land contours    *[e.g. digging out the site for a building platform]*
- New or altered connections to public utilities    *[e.g. Council sewer, storm water or water mains]*
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the Territorial Authority: *[Specify]*

.....

## 8. BUILDING CONSENT

The following plans and specifications are attached to this application: *(please enter these in section 10 over page)*

### THE BUILDING WORK WILL COMPLY WITH THE BUILDING CODE AS FOLLOWS:

Building Code Clause <i>Nominate relevant clauses</i>	Means of Compliance <i>Nominate relevant compliance path(s) for each clause selected.</i>				
	Acceptable Solution	NZS 4121 Accessible Design	Verification Method	Alternative Solution <i>Please complete Form SBCG 34.1</i>	Waiver/Modification <i>Please complete Form SBCG 23.1</i>
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS3		<input type="checkbox"/> B1/VM1 <input type="checkbox"/> B1/VM4	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1		<input type="checkbox"/> B2/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> C1-6 Protection from fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2		<input type="checkbox"/> C/VM1 <input type="checkbox"/> C/VM2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1	<input type="checkbox"/>	<input type="checkbox"/> D1/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D2 Mechanical installation for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1		<input type="checkbox"/> E1/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> E2/AS3		<input type="checkbox"/> E2/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F1 Hazardous agents on site			<input type="checkbox"/> F1/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F3 Hazardous substances and processes			<input type="checkbox"/> F3/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F6 Visibility in escape routes	<input type="checkbox"/> F6/AS1			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F9 Restricting access to residential pools	<input type="checkbox"/> F9/AS1 <input type="checkbox"/> F9/AS2			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1		<input type="checkbox"/> G4/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G6 Airborne impact sound	<input type="checkbox"/> G6/AS1		<input type="checkbox"/> G6/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1		<input type="checkbox"/> G7/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1		<input type="checkbox"/> G8/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1		<input type="checkbox"/> G9/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1		<input type="checkbox"/> G10/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2		<input type="checkbox"/> G12/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> G13/AS3		<input type="checkbox"/> G13/VM1 <input type="checkbox"/> G13/VM4	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1		<input type="checkbox"/> G14/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1		<input type="checkbox"/> H1/VM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> B1-H1 Simple House Solution	<input type="checkbox"/> SH/AS1				
<input type="checkbox"/> B1-H1 Back Country Hut	<input type="checkbox"/> BCH/AS1				

**9. COMPLIANCE SCHEDULE** (specified systems are defined in regulations)

- The specified systems for the building are as follows:
- The following specified systems are being altered, added to, or removed in the course of the building work:
- or
- There are no specified systems in the building.



Please provide the details required by completing either form:

- SBCG27 Compliance Schedule Specified Systems (or)
- SBCG11 Application for amendment to Compliance Schedule

**10. ATTACHMENTS**

The following documents are attached to this application (All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority):

*[Nominate as applicable]*

Plans and specifications *(list) (or attach a list)*.....

.....

Memoranda from licensed building practitioner(s) who carried out or supervised any design work that is restricted building work

Project Information Memorandum     Development contribution notice     Certificate attached to Project Information Memorandum

Other information relevant to this application: *[Please specify]*: .....

.....

Current Certificate of title provided

**11. CONTACTS (involved in this project)**

**Designer**

Name(s): .....

Postal Address: .....

.....

Mobile: ..... Daytime: .....

Reg No: ..... Email: .....

**Engineer**

Name(s): .....

Postal Address: .....

.....

Mobile: ..... Daytime: .....

Reg No: ..... Email: .....

**Builder**

Name(s): .....

Postal Address: .....

.....

Mobile: ..... Daytime: .....

Reg No: ..... Email: .....

**Gasfitter**

Name(s): .....

Postal Address: .....

.....

Mobile: ..... Daytime: .....

Reg No: ..... Email: .....

**Drainlayer**

Name(s): .....

Postal Address: .....

.....

Mobile: ..... Daytime: .....

Reg No: ..... Email: .....

**Plumber**

Name(s): .....

Postal Address: .....

.....

Mobile: ..... Daytime: .....

Reg No: ..... Email: .....

**Electrician**

Name(s): .....

Postal Address: .....

.....

Mobile: ..... Daytime: .....

Reg No: ..... Email: .....

**Other**

Name(s): .....

Postal Address: .....

.....

Mobile: ..... Daytime: .....

Reg No: ..... Email: .....