

Application for certificate of acceptance



Section 97, Building Act 2004

Version: 14
Date: August 2020
Code: BA Form 8

Send or deliver your application to:
Building Services, Timaru District Council,
2 King George Place, PO Box 522, Timaru 7940

Web: www.timaru.govt.nz
Telephone: (03) 687 7236
Email: building@timdc.govt.nz

A. THE BUILDING (project location)

Street or road address:

Legal description:

(state legal description as at the date of application and, if the land it proposed to be subdivided, include details of relevant lot numbers and consent no)

Valuation number:

Zone:

Lot:

DP:

Section:

Building name: *(if applicable)*

Location of building within site: *(include nearest street access)*

Number of levels: *(include ground level and any below ground)*

Level / unit number: *(if applicable)*

Area: *(total floor area (indicate area affected by the building work if less than the total area)*

Current, lawfully established use:
(include number of occupants per level and per use if more than one level)

Year first constructed: *(insert year, approximate date is acceptable e.g. 1920s or 1960-1970 if known)*

B. OWNER

Name of owner: *(include title)*

Contact person: *(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 (tick if included):

Copy of certificate and title

Lease

Agreement for sale and purchase

Other document showing full name of legal owner(s) of building

C. AGENT (only required if application is being made on behalf of the owner)

Name of agent:

Contact person:

Mailing address:

Street address / registered office:

Contact details:

Landline number:

Mobile number:

Daytime number:

After hours number:

Facsimile number:

Email address:

Relationship to owner: *(state the details of the authorisation from the owner to make the application on the owners behalf)*

First point of contact: *(state full name, mailing address, phone numbers and email address)*

Name of contact:

Mailing address:

Mobile number:

Daytime number:

Email address:

I request that you issue a certificate of acceptance for building work described in this application.

Signed by the owner: OR

Name:

Date:

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

Name:

Date:

Invoice to:

Owner

Agent

Email address (if you would prefer via email):

Declaration statement:

I _____ confirm that I have authority to submit this application electronically as the "owner" or on behalf of the owner as the "agent."

Plumber:	Business name:	Address:
	Daytime number:	Mobile number:
	After hours number:	Facsimile number:
	Registration/qualification:	
	Product name:	Manufacturer:
Drain layer:	Business name:	Address:
	Daytime number:	Mobile number:
	After hours number:	Facsimile number:
	Registration/qualification:	
	Product name:	Manufacturer:
Carpenter:	Business name:	Address:
	Daytime number:	Mobile number:
	After hours number:	Facsimile number:
	Registration/qualification:	
	Product name:	Manufacturer:
Brick/block layer:	Business name:	Address:
	Daytime number:	Mobile number:
	After hours number:	Facsimile number:
	Registration/qualification:	
	Product name:	Manufacturer:
Deck/roof membrane applicator:	Business name:	Address:
	Daytime number:	Mobile number:
	After hours number:	Facsimile number:
	Registration/qualification:	
	Product name:	Manufacturer:
Roofer:	Business name:	Address:
	Daytime number:	Mobile number:
	After hours number:	Facsimile number:
	Registration/qualification:	
	Product name:	Manufacturer:
Concealed fascia installer:	Business name:	Address:
	Daytime number:	Mobile number:
	After hours number:	Facsimile number:
	Registration/qualification:	
	Product name:	Manufacturer:
Others:	Business name:	Address:
	Daytime number:	Mobile number:
	After hours number:	Facsimile number:
	Registration/qualification:	
	Product name:	Manufacturer:

Did the building work result in a change of use of the building? (i.e. commercial, industrial, residential) Yes No

If yes, provide details of the new use:

Intended life of the building if less than 50 years:

List building consents previously issued for this project: (if any, who issued the consent, date of issue, consent number)

Estimated value of the building work on which the building levy will be calculated (including GST): (state estimated value as defined in section 7 of the Building Act 2004)

The following plans and specifications 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)

Specifications:

Calculations:

Other (specify):

Plans:

Producer statements:

Reasons why a certificate of acceptance is required (tick boxes applicable):

The owner, or the owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because (explain in detail):

A building consent could not practicably be obtained in advance because the building work had to be carried out urgently (tick one of the following):

- (a) For the purpose of saving or protecting life or health or preventing serious damage to property as follows (explain in detail)

- (b) In order to ensure that a specified system was maintained in a safe condition or made safe as follows (explain in detail):

The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work (state the details of name of building consent authority and building consent granted):