



Building Consent Application No: _____		
ICC Building Section Only		
Building consent application received by:		
<input type="checkbox"/> Counter	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
<input type="checkbox"/> Email	<input type="checkbox"/> In person	
Application form has been checked and application can be vetted.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial _____ Date _____
If no, application is handed or posted back		
Resubmitted and checked and OK to be Vetted		
<input type="checkbox"/> Yes	Initial _____	Date _____

Application for Amendment Building Consent - Section 45 (5), Building Act 2004

The Building

Amendment to Building consent number:

Street address of building:

Legal description of land where building is located:
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)

Lot:..... DP..... BLK.....

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

Number of levels: *(include ground level and any levels 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 1)*

Year first constructed: *(approximate date is acceptable e.g. c1920s or 1960-1970)*

Office Use Only – Section Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The Owner

Name of owner: *(include preferred form of address, e.g. Mr, Miss, Dr, if an individual)*

Contact person: *(insert n/a if the applicant is an individual)*

Mailing address:

Phone:..... Mobile:..... Facsimile:.....

Email: Website:.....

The following evidence of ownership is attached to this application: *(i.e. copy of certificate of title, lease, agreement for sale and purchase, or other document showing full name of legal owner(s) of the building)*

Certificate of Title

Office Use Only – Section Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Agent *(only required if application is being made on behalf of the owner, delete if not applicable)*

Name of agent:

Contact person: *(insert n/a if the agent is an individual)*

Mailing address:

Phone:..... Mobile:..... Facsimile:.....

Email: Website:.....

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

.....

First point of contact for communications with the council/building consent authority:
(this includes invoicing unless specified)

Owner Agent

Invoice

Owner Agent

Office Use Only – Section Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Application

I request that you issue a

Building Consent Amendment

for the building work described in this application *(tick one or both, as applicable)*

.....
Signature of owner/agent on behalf of and with the authority of the owner

Dated:

Office Use Only – Section Complete Yes No

Attachments

The following documents are attached to this application: *tick as applicable or put n/a if there are no attachments*

- Plans and specifications (2 copies)
- Project information memorandum
- Development contribution notice
- Certificate attached to project information memorandum
- Other documents, e.g. producer statement, etc.

Office Use Only – Section Complete Yes No

The Project

Description of the building work: *(provide sufficient description of building work to enable scope of work to be fully understood; continue on a separate page if necessary, or refer to an attached document setting out the description)*

.....
.....

Will the amended building work result in a change of use of the building? Yes No

If Yes, provide details of the new use:

Will the amended building work change the intended life of the building? Yes No

List building consents previously issued for this project (if any):

Consent:.....Description of Work:

Consent:.....Description of Work:

Consent:.....Description of Work:

Estimated value of the amended 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)* \$

Original value:

Amendment value:

Total cost:

Office Use Only – Section Complete Yes No

Project Information Memorandum:

Will the amended building work affect a current PIM? Yes No

If yes, explain

Office Use Only – Section Complete Yes No

Personnel to be involved in the Project (where known)

Designer N/A <input type="checkbox"/>	Structural Engineer N/A <input type="checkbox"/>
Name:	Name:
Address:	Address:
Phone: Fax:	Phone: Fax:
Email:	Email:
Registration No: (applicable 01/03/12)	
Builder N/A <input type="checkbox"/>	Certifying Drainlayer N/A <input type="checkbox"/>
Name:	Name:
Address:	Address:
Phone: Fax:	Phone: Fax:
Email:	Email:
Registration No: (applicable 01/03/12)	Registration No:
Certifying Plumber N/A <input type="checkbox"/>	Roof Cladding N/A <input type="checkbox"/>
Name:	Name:
Address:	Address:
Phone: Fax:	Phone: Fax:
Email:	Email:
Registration No:	Registration No: (applicable 01/03/12).....
Wall Cladding System N/A <input type="checkbox"/>	Certifying Gasfitter N/A <input type="checkbox"/>
Name:	Name:
Address:	Address:
Phone: Fax:	Phone: Fax:
Email:	Email:
Registration No: (applicable 01/03/12)	Registration No:
Registered Electrician N/A <input type="checkbox"/>	Other:
Name:	Name:
Address:	Address:
Phone: Fax:	Phone: Fax:
Email:	Email:
Registration No:	Registration No: (where relevant).....

Office Use Only – Section Complete Yes No

Building Consent (do not fill in this section if the application is for a project information memorandum only)

The amended building work will comply with the building code as follows:

(if you're not sure which clauses are applicable, talk to the BCA or your architect)

Clause (tick relevant clause numbers of building code)	Means of compliance (refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications)	Waiver / modification required (state nature of waiver or modification required; if not applicable, put n/a)
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS2 <input type="checkbox"/> B1/AS3 <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4203 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> C1 Outbreak of fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> C2 Means of escape	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> C3 Spread of fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> C4 Structural stability during fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS4121 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> D2 Mechanical installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3 <input type="checkbox"/> NZS4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZS3500.3 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design & testing <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS4223 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F3 Hazardous substances and processes	<input type="checkbox"/> F3/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F6 Lighting for emergency	<input type="checkbox"/> F6/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> NZS4512 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G6 Airborne and impact sound	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS6703 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS5261 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.1 <input type="checkbox"/> AS/NZS3500.4 <input type="checkbox"/> G12/AS2	
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> G13/AS3 <input type="checkbox"/> Alternative Solution <input type="checkbox"/> G13/VM4	
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> NZS4214 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> BCH Back Country Hut	<input type="checkbox"/> BCH / AS1	
<input type="checkbox"/> SH Simple House	<input type="checkbox"/> SH / AS1	
<input type="checkbox"/> Multiproof	<input type="checkbox"/> Multi use Certificate No:	

Compliance schedule (do not fill in this section if this is an application for project information memorandum only)

- The specified systems for the building are as follows: (specified systems are defined in regulations; if you are not sure whether your building has specified systems, talk to the BCA or your architect)

.....
 The following specified systems are being altered, added to, or removed in the course of the building work:
 (insert n/a if not applicable)

- There are no specified systems in the building.

Office Use Only – Section Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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