Form 6

Application for Code Compliance Certificate SECTION 92, BUILDING ACT 2004



Issued By (name of BCA that granted building consent)				
Site Address				
Description of Work				
	Agent			
Owner	Agent on behalf of the owner (if applicable)			
Name	Name			
Postal Address	Postal Address			
Street Address	Street Address			
Contact Person	Contact Person			
Phone	Phone			
Landline	Landline			
Mobile	Mobile			
Daytime	Daytime			
After Hours	After Hours			
Email	Email			
Fax	Fax			
Website	Website			
	Relationship to owner			
First Point of Contact for communications with Council (fill in details below if contact is different to owner or Agent)	Agent Owner Other			
Name	Contact Person			
Postal Address				
Phone	Email			
Fax	_			
Who should the invoice be sent to				
Agent Owner	Other			
Provide Contact Details below if someone other than	n the Agent/Owner			
Name				
Address				
Telephone/Mobile Number	Email			

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All building \	work to be car	ried out under the	e above bui	laing conse	ent was complet	ea o	n
l Day	Month	Year					
Was there a	ny Restricted B	uildina Work?	Yes	No			
		-	_				
he License ollows	d Building Pra	ctitioner(s) who d	carried out	or supervis	ed the Restricted	d Bu	ilding work is/are as
Full Name		Licensing Cla	ss	(or registration	er Number number if treated as under section 291 of	_	rticular work carried ou supervised
The personn	el who carried	out building wo	rk other tha	n Restricte	d Building work	are a	
Full Name		Address		Phone		LBP or Board Registration Number	
where relevant and	d if not provided above	e) licensed building practit	tioner numbers or	Plumbers, Gasfit	ters, and Drainlayers Bo	ard reg	istration numbers)
	nnel who insta			-			lding and, in the opinion ndards set out in the
list specified syste	ms)						
request tha	t you issue a (Code Compliance	e Certificate	for this wo	rk under Sectioi	1 95	of the Building Act 2004
The Code Co	ompliance Cert	tificate should be	sent to				
	ent	Owner			Other		

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Provide Con	tact Details below	if someone other than	the Agent/Owner	r		
Name						
Address						
Telephone/M	obile Number	-				
Email Addres	ss					
Signature						
		(of owner/agent on behalf of an	d with the authority of the o	owner)		
Name of per	son signing					
Date						
A complete C	CC application req	uires the information l	isted below (if ap	pplicable)		
Memora supervis		Work) from licensed building p	oractitioner(s) stating w	hat restricted building work they carried out or		
Certifica	tes that relate to Energy	Work (Electrical / Gas)				
Current	Manufacturers Certificate	e(s) related to modular compon	ents (BuiltReady)			
Other Docum	entation (if applica	ble)				
Evidence	e that specified systems	are capable of performing to th	ie performance standar	rds set out in the building consent		
Other do	ocuments from the persor	nnel who carried out the work				
As Built	Drainage Plan, Truss Pla	n & Layout				
Proof of Ow	nership – must be	current, issued within	previous three mo	onths and attached		
Record o	of Title	Sale & Purchase Agreem	ent	Rates Notice - Fuel Burners only		
		For Cour	ncil Use Only			
Received By				Date		
All Inspection	s Undertaken					
Yes		No If no, Inspection Date				
Entere	d into computer sys	tem – 20-day monitoring	started			

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