



APPLICATION FOR CERTIFICATE FOR PUBLIC USE

Section 363A, BUILDING ACT 2004
FORM 15

OFFICE USE

Date Received Stamp

Property Number

E N

PIM Receipt Number



THIS FORM CAN BE USED TO APPLY FOR A CERTIFICATE FOR PUBLIC USE

Complete this form in full

Lodge the application at the Blenheim office or mail to the Blenheim office.
Mailed applications that are incomplete will be returned to the applicant.

MARLBOROUGH DISTRICT COUNCIL

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Seymour Street
PO Box 443
Blenheim 7240
Ph: (03) 520 7400/Fax: (03) 520 7496
Email: mdc@marlborough.govt.nz

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67 High Street
Picton 7220
Ph: (03) 520 7493 Fax: (03) 520 3203
website: www.marlborough.govt.nz

APPLICATION FOR CERTIFICATE FOR PUBLIC USE

Premises/Part of Premises

Description of premises/part of premises for which certificate is sought:

[Identify the building in which the premises or part of the premises are located and describe those premises or that part of the premises. If appropriate, provide plans or diagrams that clearly delineate the premises or part of the premises.]

Building Work Affecting Premises/Part of Premises

Building Consent Numbers:

Issued by:

Contact person:

Postal address:

Contact details:

Telephone number: _____

Mobile: _____

Facsimile number: _____

After Hours _____

Email: _____

Applicant *[person who owns, occupies or controls premises]*

Full name of applicant: *[include preferred form of title, eg Mr, Miss, Dr if an individual and the contact person's name if a company, trust or similar]*

Applicant's mailing address:

Street address/registered office:

Applicant's contact details:

Telephone number: _____

Mobile: _____

Facsimile number: _____

After Hours _____

Email: _____

Contact Person: *[contact details within New Zealand required]* _____

The following evidence of the applicant's status as owner/occupier/person in control is attached to this application: *[eg copy of Record of Title, Lease, Agreement for Sale and Purchase, Licence or Property Management Agreement being a document that shows the full name of the applicant]*

Owner

Full name of owner: *[include preferred form of title, eg Mr, Miss, Dr if an individual and the contact person's name if a company, trust or similar]*

Owner's mailing address:

Street address/registered office:

Owner's contact details:

Telephone number: _____

Mobile: _____

Facsimile number: _____

After Hours _____

Email: _____

Proof of ownership:

I have provided a Record of Title *(no older than 90 days)*
or

Marlborough District Council to provide a
Record of Title

If the applicant is not the legal owner as stated on the title
or Rates Demand, please also provide:

A signed Sales and Purchase Agreement
or

Signed Lease Agreement; and

Letter of approval from the Lessor

Agent *[only required if application is being made on behalf of the owner]*

Name of agent: *[include the contact person's name if a company, trust or similar] - Note: the agent will be the first point of contact for communications with the Council/Building Consent Authority regarding this application/building work and will receive all correspondence including all invoices.*

Agent's mailing address:

Street address/Registered Office:

Agent's contact details:

Telephone number: _____

Mobile: _____

Facsimile number: _____

After Hours _____

Email: _____

Relationship with owner/occupier/person in control of premises: *[state details of authorisation from the owner/occupier/ person in control of premises to make the application on the person's behalf]*

Contact Person: *[contact details within New Zealand required]* _____

Application

I confirm that no Code Compliance Certificate has been issued for the building work::

1. It is intended to permit members of the public to use the premises/part of the premises described above for the following purposes and in the following circumstances: *[describe purposes and circumstances]*

2. Members of the public can use the premises/part of the premises described above safely because: *[state reasons for the statement, and include any precautions taken to protect the public, information on any specified systems in the premises or part of the premises, and the management of any special risks (eg means of escape from fire) on site (provide information in attachments, if necessary)]*

3. Personnel who carried out the building work are as follows:

Name	Address	Phone Number	LBP or Registration No

4. I request you issue, under Section 363A(2) of the Building Act 2004, a Certificate for Public Use for the premises or the part of the premises described above.

Information collected with this application and subsequent procedures is legally public information and will be released to any person on request.

The applicant must be the owner of the land on which the building work is to take place or a person who has agreed, by formal Sale and Purchase Agreement to purchase the land, or any leasehold estate, or to take a lease of the land, while the agreement remains in force.

I certify that the information provided in this application is correct and I accept the above terms and conditions.

I have read and understood the terms and conditions above I agree

Name of person accepting: _____ Date _____

Attachments

The following documents are attached to this application: *[tick boxes applicable]*

Evidence of applicant's status

Plans and diagrams showing the premises or part of the premises described above

Documentation relevant to the safety of the premises/part of the premises (eg an engineer's report, certificates concerning specified systems)

Waiver/modification to NZ Building Code required for following parts of Code: