

APPLICATION FOR CODE COMPLIANCE CERTIFICATE



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**Section 92, BUILDING ACT 2004
FORM 6**

The Building Consent

Building Consent Number: _____

Property Reference Number: _____

Issued by: Marlborough District Council
PO Box 443, Blenheim 7240
Phone: (03) 520 740
Email: mdc@marlborough.govt.nz

The Owner

Must be completed to be accepted

Full Name of Owner(s):

Mailing Address:

Street Address/Registered Office:

Contact Details:

Telephone Number: _____

Mobile: _____

Facsimile Number: _____

After Hours: _____

Email Address: _____

Contact Person: _____

The Agent (Only required if the application is being made on behalf of owner)

Full Name of Agent(s):

Mailing Address:

Street Address/Registered Office:

Contact Details:

Telephone Number: _____

Mobile: _____

Facsimile Number: _____

After Hours: _____

Email Address: _____

Application**Must be completed to be accepted, if applicable**

(1) The licensed building practitioner(s) who carried out or supervised the restricted building work is/are as follows:

| Name | Licensing Class | Licensed Building Practitioner Number <small>(or registration number if treated as being licensed under Section 291 of the Building Act 2004)</small> | Particular Work Carried Out or Supervised |
|------|-----------------------|--|--|
| | Site | | <input type="checkbox"/> Carried Out <input type="checkbox"/> Supervised |
| | Foundations | | <input type="checkbox"/> Carried Out <input type="checkbox"/> Supervised |
| | Carpentry | | <input type="checkbox"/> Carried Out <input type="checkbox"/> Supervised |
| | Roofing | | <input type="checkbox"/> Carried Out <input type="checkbox"/> Supervised |
| | Brick and Blocklaying | | <input type="checkbox"/> Carried Out <input type="checkbox"/> Supervised |
| | External Plastering | | <input type="checkbox"/> Carried Out <input type="checkbox"/> Supervised |

(2) The personnel who carried out building work other than restricted building work areas follows:

[List names, addresses, telephone numbers and licence or registration numbers (where relevant and if not provided above) of all licensed building practitioners and plumbers, gasfitters and drainlayers]

| Name | Class | Licence or Registration Number <small>(If applicable)</small> | Contact Details |
|------|------------------------|--|-----------------|
| | Plumber | | |
| | Drainlayer | | |
| | Electrician | | |
| | Gas Fitter | | |
| | <i>(Other specify)</i> | | |

Note: Continue on another page if necessary.**Must be completed to be accepted**(3) All building work to be carried out under the above consent was completed on: _____
(Enter date of practical completion)(4) I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004. The code compliance certificate should be sent to: *[tick applicable option]* Owner AgentI certify that the information provided in this application is correct

Name of Person Certifying Correctness: _____ Date: _____

[tick one] Owner Agent acting on behalf of the owner and with the authority of the owner

Attachments**Must be completed to be accepted, if applicable**The following documents are attached to this application *[tick applicable option(s)]*

- Memoranda (records of building work) from licensed building practitioner(s) stating what restricted building work they carried out or supervised
- Certificates or other documents from the personnel who carried out the work
- Certificates that relate to the energy work
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent

Specified Systems**Must be completed to be accepted**(5) Are there any Specified Systems Part of this Application? Yes (Go to Section 6) No (Go to Page 4)

(6) The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standard set in the building consent:

*[List all specified system that form part of this application]**[Tick Here]*

| | | |
|---------|--|--|
| SS 1 | Automatic Systems for Fire Suppression | |
| SS 2 | Automatic or Manual Emergency Warning Systems for Fire or other Dangers | |
| SS 3/1 | Automatic Doors | |
| SS 3/2 | Access Controlled Doors | |
| SS 3/3 | Interfaced Fire or Smoke Doors or Windows | |
| SS 4 | Emergency Lighting Systems | |
| SS 5 | Escape Route Pressurisation Systems | |
| SS 6 | Riser Mains | |
| SS 7 | Automatic Backflow Preventers | |
| SS 8/1 | Passenger Carrying Lifts | |
| SS 8/2 | Platform, Low-speed and Service Lifts | |
| SS 8/3 | Escalators and Moving Walks | |
| SS 9 | Mechanical Ventilation and Air Conditioning Systems | |
| SS 10 | Building Maintenance Units | |
| SS 11 | Laboratory Fume Cupboards | |
| SS 12/1 | Audio Loops | |
| SS 12/2 | FM Radio Frequency Systems and Infrared Beam Transmission Systems | |
| SS 13/1 | Mechanical Smoke Control | |
| SS 13/2 | Natural Smoke Control | |
| SS 13/3 | Smoke Curtains | |
| SS 14/1 | Emergency Power Systems for Specified Systems 1-13 | |
| SS 14/2 | Signs Relating to Specified Systems 1-13 | |
| SS 15/1 | Systems for Communicating Spoken Information Intended to Facilitate Evacuation | |
| SS 15/2 | Final Exits | |
| SS 15/3 | Fire Separations | |
| SS 15/4 | Signs for Communicating Information Intended to Facilitate Evacuation | |
| SS 15/5 | Smoke Separations | |
| SS16 | Cable Cars | |

The information on this form is required to be provided under the Building Act 2004. A failure to disclose this information means the Marlborough District Council will not be able to process your application. Council holds and stores the information, including the form and all associated reports and attachments, on the Council property file and internally by the Council. If you would like to request access to, or correct any details, please contact us.

The details of your application and any related communications will be made available to the public on the Council property files. If there is any communication or information that you would like to remain confidential, please note this in your communications with Council officers, or contact the Council's Privacy Officer at privacy@marlborough.govt.nz. Please note that your (the applicant) main details (name and address) cannot be confidential.

For further information on your privacy rights, please see the Council's [Privacy Statement](#).

Declaration

I am

- the owner of the building
- the representative of the owner of the building and have their written approval to act on their behalf
- [other – please specify] _____

and confirm that all information in this application is true and correct and that I have read, understood and agree to the above terms and conditions.

Signature

Name

Date

Note: If this form is not completed in full, the application will be rejected.

Please submit the completed Application for Code Compliance Certificate, when work has been completed, by emailing to: buildingconsents@marlborough.govt.nz

**If you have any queries regarding completion of this form, please contact us on
Phone: (03) 520 7400 or Email: mdc@marlborough.govt.nz**