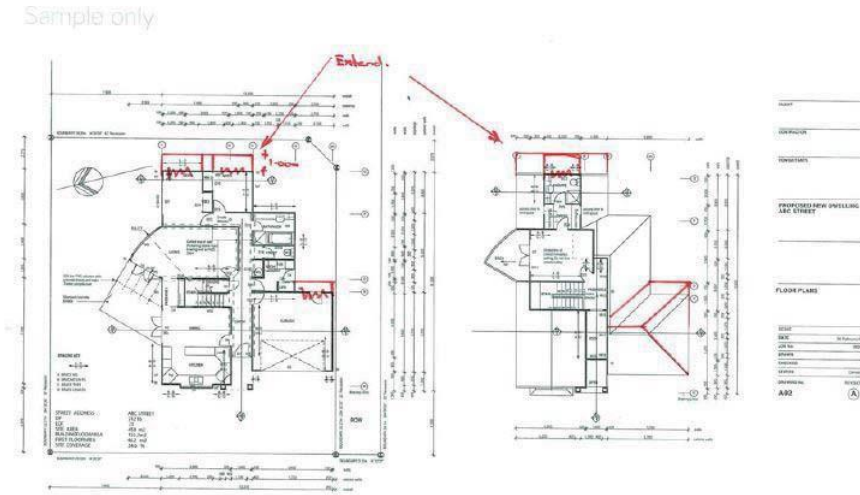


APPLICATION FOR BUILDING CONSENT AND/OR PROJECT INFORMATION MEMORANDUM AMENDMENT TO AN EXISTING BUILDING CONSENT

**S33 AND S45, BUILDING ACT 2004
FORM 2**

ISO9001
Document Number:
BAF0002.1-CI2541

OFFICE USE	<p style="color: grey;">Sample only</p> 								
Date Received Stamp									
Property Number									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">E</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">N</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>		E			N				
E				N					
PIM Receipt Number									

THIS FORM CAN BE USED TO APPLY FOR ANY OF THE FOLLOWING:

- (a) Amendment to an existing building consent
- (b) Project information memorandum and amendment to a building consent

Complete the form in full and lodge with completed application checklists

Lodge the application at the Blenheim office or mail with the Project Information Memorandum fee (where a Project Information Memorandum is required) to the Blenheim office.

Mailed applications that are incomplete or do not include the PIM fees will be returned to the applicant.

MARLBOROUGH DISTRICT COUNCIL

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

PICTON
67 High Street
Picton 7220

Ph: (03) 520 7493 Fax: (03) 520 3203
website: www.marlborough.govt.nz

APPLICATION CHECKLISTS

Your application must include a fully completed application checklist. Provide at least one of the following:

BAC0002.1	Residential work
BAC0002.5	Commercial/industrial work
BAC0002.4	Garages, sheds and carports
BAC0002.11	Building relocated to a new site
BAC0002.3	Jetties and jetties with boat sheds
BAC0002.6	Log fires and solid fuel heaters
BAC0002.7	Drainage, plumbing
BAC0002.9	Marquees and temporary buildings

FEES

Government Levies, Building Consent and PIM Fees

Fees for the Building Consent are additional to the Project Information Memorandum fee. Building Consent and PIM fees are set in accordance with the standard Marlborough District Council fees. Building Consent and PIM fees will be invoiced at the time the Building Consent issued. All PIM and Building fees and charges are listed in full on the Council website.

Website: www.marlborough.govt.nz

PLANS

Good plans are required and are essential. Plans and specifications must accurately describe and show the proposed building work. They must show sufficient information so that the Council can determine exactly how the building is to be constructed and what materials are to be used. Plans should clearly show how compliance with the NZ Building Code is achieved and how compliance with the Council Resource Management Plans are met.

All components of the building should be covered and the application will be delayed if missing items have to be requested.

The preparation of plans is a skilled job and unless you know the NZ Building Code and how to draw plans then we recommend that you seek the services of a trained professional.

APPLICATION FORMAT

Applications should include all of the relevant documentation called for in the application checklist, including the checklist itself, and a fully completed application form. Applications must be fully complete otherwise they are likely to be returned unprocessed. Electronic applications are preferred. Applications should be lodged on disk. Please do not lodge applications on memory sticks. Paper copies are **not** wanted if the application is lodged electronically.

The electronic format for the applications should be PDF for preference. Documents produced in Word or Excel can be lodged in those formats.

Where colour coding is used for highlighting details or other items (such as truss layouts) please provide those in colour.

When saving documents for lodgement we would prefer that they be saved as single PDF documents for each group. For example save all plans as a single document. Bookmarking pages is very helpful.

Single paper copies may still be lodged but these will be scanned at the Council before being accepted and processed.

Please do not mix and match applications. Applications should be fully electronic or fully on paper. We will not accept a mixture.

If you know the property number the project is on, then please include the number in your application.

AGENT

Where an agent is acting on behalf of the owner, then the agent will be the first point of contact for all communications regarding the application and construction of the project.

APPLICATION FOR A BUILDING CONSENT AND/OR PROJECT INFORMATION MEMORANDUM

Application

I request that you issue a:

The Building [Project Location]

Street address of building:

Area:

Total additional floor area created by the amendment: _____

The Project

Number of the existing Building Consent to be amended: _____

Describe the amended work:

Value of Amendment (GST inclusive):

Does the amendment alter the project value:

Yes - value of new work

\$ _____

No

Are there any amendments to systems for which a compliance schedule has been issued?

Current, lawfully established, use: [include number of occupants per level and per use if more than 1 level]

Enter NA if not applicable

Intended life of the building if less than 50 years:

_____years

The Owner *[Must be completed for all applications and all details must be the owners]*

Name of Owner/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]*

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: _____

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 Councils [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

Restricted Building Work

Will the building work include any restricted building work?

If Yes, provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted work: *[if these details are unknown at the time of the application, they must be supplied before the work begins]*

Name	Licensing Class	Licensed Building Practitioner Number (or registration number if treated as being licensed under Section 291 of the Building Act 2004)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contacts *[Provide details of all personnel and include LBP or registration number]*

<p>Designer/Architect: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ Registration/LBP No: _____</p>	<p>Chartered Professional Engineer Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ CP Eng No: _____ Practice College: _____</p>
<p>Waste Water System Designer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ Registration/Qualification: _____</p>	<p>Certifying Plumber: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ Registration No: _____</p>
<p>Carpenter: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ LBP No: _____</p>	<p>Certified Drainlayer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ Licence No: _____</p>
<p>Roofer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ LBP No: _____</p>	<p>Bricklayer or Blocklayer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ LBP No: _____</p>
<p>External Plasterer: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ LBP No: _____</p>	<p>Other: Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After Hours: _____ Facsimile: _____ LBP No: _____</p>

Project Information Memorandum *[For project information memorandum only - Do not complete this section if a Project Information Memorandum has already been issued for the project]*

The following matters are involved in the project: *[tick boxes applicable]*

- Subdivision
- Alterations to land contours
- New or altered connections to public utilities
- New or altered locations and/or external dimensions of buildings
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the territorial authority

[please specify]

Building Consent *[Do not complete this section if this is an application for a project information memorandum only]*

The following plans and specifications are attached to this application:

- Specifications Calculations Plans
- Producer Statement Other _____ *[please specify]*

[All plans and specifications must meet the minimum requirements set out in the application checklist]

Is there a National Multiple Use Approval (NMUA)? Yes No

If yes, please provide the NMU reference number: _____ Issue date: _____
(an NMUA reference number would have been allocated by the DBH for approved plans)

What clauses of the Building Code does your building work comply with?

Please read the following carefully:

- You are required to indicate what Code clause(s) your building work complies with.
- Unless otherwise noted below, your application will be assessed under Acceptable Solutions.
- If you are using another means of compliance, please provide details of the standard(s) that your building work complies with and the means of compliance in the space provided. Use a separate sheet of paper if necessary.
- If you do not provide all the necessary information to show how your application complies with the Building Code, it may be returned unprocessed.

I understand that this application is to be assessed against Acceptable Solutions, unless otherwise stated in the following section.

<input type="checkbox"/> B1 Structure	<input type="checkbox"/> G1 Personal hygiene
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> G2 Laundering
<input type="checkbox"/> C Protection from fire	<input type="checkbox"/> G3 Food preparation and prevention of contamination
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> G4 Ventilation
<input type="checkbox"/> D2 Mechanical installations for access	<input type="checkbox"/> G5 Interior environment
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> G6 Airborne and impact sound
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> G7 Natural light
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> G8 Artificial light
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> G9 Electricity
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> G10 Piped services
<input type="checkbox"/> F3 Hazardous substances and processes	<input type="checkbox"/> G11 Gas as an energy source
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> G12 Water supplies
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> G13 Foul water
<input type="checkbox"/> F6 Visibility in escape routes	<input type="checkbox"/> G14 Industrial liquid waste
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> G15 Solid waste
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> H1 Energy efficiency
<input type="checkbox"/> F9 Means of restricting access to residential pools	

Provide details of all Verification Methods being used (include relevant Code clause and means of compliance):

Provide details of all Alternative Solutions being used (include relevant Code clause and means of compliance) or details of any waivers and modifications (including applicable code clauses):

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

Compliance Schedule

Complete this section if the building will have a compliance schedule or already has one.

		Existing	New	Altered	Removed
SS01(i)	Fire Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS01(ii)	Gas Flooding Fire Suppression Warning System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS02(i)	Manual fire alarm (Call Points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS02(ii)	Automatic Fire Alarm (Heat Detection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS02(iii)	Automatic Fire Alarm (Smoke Detection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS02(iv)	Hazardous Substance Warning System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS03/1	Automatic Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS03/2	Access Controlled Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS03/3	Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS04(i)	Lighting for Safe Path to Facilitate Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS04(ii)	Lighting for Identification of Exitways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS05(i)	Corridor Pressurisation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS05(ii)	Stairwell Pressurisation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS06(i)	Dry Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS06(ii)	Charged Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS07	Backflow Preventers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS08/1	Passenger Carrying Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS08/2	Service Lifts including Dumb Waiters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS08/3	Escalators and Moving Walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS09	Mechanical Ventilation and Air Conditioning Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS10	Building Maintenance Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS11	Laboratory Fume Cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12/1	Audio Loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12/2	FM Radio Frequency systems and Infrared Beam Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13/1	Mechanical Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13/2	Natural Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13/3	Smoke Curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14/1	Emergency Power Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14/2	Signs for Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS16	Cable cars (after 31 March 2008)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Systems below included only if Compliance Schedule contains one or more of the Specified Systems 1-6, 9 and 13.

SS15/1	Systems for Communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15/2	Final Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15/3	Fire Separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15/4	Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15/5	Smoke Separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick if there are **no** specified systems in this building

Address where compliance schedule will be held: