

APPLICATION FOR CODE COMPLIANCE CERTIFICATE



MARLBOROUGH
DISTRICT COUNCIL

Section 92, BUILDING ACT 2004
FORM 6

ISO 9001
Document Number:
BAF0002.13-CI2584

The Building Consent

Issued by:

Building Consent Number: _____

Marlborough District Council

The Owner

Must be completed to be accepted

Name of Owner(s):

Contact Person: *(If the owner is other than individual)*

Mailing Address:

Street Address/Registered Office:

Contact Details:

Phone Number:

Landline: _____

Mobile: _____

Daytime: _____

After Hours: _____

Facsimile Number: _____

Email Address: _____

Website: _____

Evidence of Ownership

The following evidence of ownership is attached to this application:

- ☐ Ownership as listed on Building Consent
- ☐ Record of Title
- ☐ Lease
- ☐ Agreement for Sale and Purchase
- ☐ Other document showing full name of legal owner(s) of the building

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

Name of Agent:

Contact Person: *(If the owner is other than individual)*

Mailing Address:

Street Address/Registered Office:

Contact Details:

Phone Number:

Landline: _____

Mobile: _____

Daytime: _____

After Hours: _____

Facsimile Number: _____

Email Address: _____

Website: _____

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

First point of contact for communications with the building consent authority:

☐ Owner/Contact person *(details as listed above)*

☐ Agent/Contact person *(details as listed above)*

☐ Other: *(state full name, mailing address, phone number(s), facsimile number(s) and email address(es))*

Full Name: _____

Mailing Address: _____

Phone Number(s): _____

Facsimile Number(s): _____

Email Address: _____

Application

Must be completed to be accepted

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

Name	Licensing Class	Licensed Building Practitioner Number (or registration number if treated as being licensed under Section 291 of the Building Act 2004)	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
			<input type="checkbox"/> Carried Out <input type="checkbox"/> Supervised

The personnel who carried out building work other than restricted building work are as 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	Licensing Class	Licence or Registration Number (If applicable)	Contact Details
	Plumber		
	Drainlayer		
	Electrician		
	Gas Fitter		
	Tradesman/Contractor		

Must be completed to be accepted

All building work to be carried out under the building consent specified on this form was completed on:

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 ☐ Agent

Name of Person: _____ Date: _____

[tick one]

☐ Owner ☐ Agent acting on behalf of 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 options)*

- ☐ Other documents from the personnel who carried out the work
- ☐ Memoranda from licensed building practitioner(s) stating what restricted building work they carried out or supervised
- ☐ 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
- ☐ Current manufacturer's certificate, if applicable

Specified Systems

Must be completed to be accepted

- (1) Are there any Specified Systems Part of this Application? ☐ Yes (go to section 2) ☐ No (go to page 5)
- (2) 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 systems that form part of this application)

(Tick Here)

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

Privacy Statement

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 agent/representative of the owner of the building and have their written approval to act on their behalf

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 your application is incomplete, it will not be accepted, and the statutory processing timeframe will not start until the missing information has been provided and resubmitted.

Please submit the completed Application for Code Compliance Certificate when all the work has been completed.

Email to: buildingconsents@marlborough.govt.nz

If you have any queries regarding completion of this form, please contact us on phone (03) 520 7400