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APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE

FORM 11

ISO9001
Document Number:
BAF0002.10-CI2527

OFFICE USE

Date Received Stamp

Property Number

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PIM Receipt Number



**THIS FORM CAN BE USED TO APPLY FOR AN AMENDMENT TO
AN EXISTING COMPLIANCE SCHEDULE**

Complete the 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

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

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

APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE

Application *[only complete items that are applicable to your proposal]*

I request that you issue an Amendment to Compliance Schedule for the building described in this application.

The Building *[Project Location]*

Street address of building:

Legal description of land where building is located:
[state legal description as at the date of application]

Building Name: *[if applicable]*

Number of Levels: *[include ground level and any levels below ground]*
Level/Unit Number: *[if applicable]*

Area:
Existing floor area: _____
Occupancy: _____

Current, lawfully established, use:
Year first constructed: *[insert year, approximate date is acceptable eg c1920s or 1960-1970]*

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: _____

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

Required Attachments [tick boxes applicable]

<input type="checkbox"/>	Record of Title	or	<input type="checkbox"/>	Sale and Purchase Agreement
<input type="checkbox"/>	Copy of existing Compliance Schedule			
<input type="checkbox"/>	Performance standards for the specified systems			
<input type="checkbox"/>	Inspection, maintenance and reporting procedures to be followed for each specified system			
<input type="checkbox"/>	Other _____			[please specify]

Address where compliance schedule will be held:
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Amendments

All applications shall include:

- The performance standards for the specified systems.
- The inspection, maintenance and reporting procedures to be followed for each specified system.

Building Use

SA SR CS CM CL CO SC SD WL WM WH WF IA ID

Risk Group

SH SM SI CA WB WS VP

System Numbers	Type of System					Inspection Reporting Maintenance
		Existing	New	Altered	Removed	
SS01(i)	Fire Sprinkler System	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS02(i)	Manual Fire Alarm (Call Points)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS02(iii)	Automatic Fire Alarm (Smoke Detection)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS03/1	Automatic Doors	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS03/3	Interfaced Fire or Smoke Doors or Windows	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS04(ii)	Lighting for Identification of Exitways	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS05(ii)	Stairwell Pressurisation System	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS06(ii)	Charged Riser	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS08/1	Passenger Carrying Lifts	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS08/3	Escalators and Moving Walkways	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS10	Building Maintenance Units	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS12/1	Audio Loops	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS13/1	Mechanical Smoke Control	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS13/3	Smoke Curtains	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS14/2	Signs for Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS16	Cable Cars	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
SS15/2	Final Exits	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
SS15/5	Smoke Separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>