

# REQUEST FOR NEW COMPLIANCE SCHEDULE



MARLBOROUGH  
DISTRICT COUNCIL

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**S100, BUILDING ACT 2004**

## OFFICE USE

Date Received Stamp

Property Number

E

N

PIM Receipt Number



**THIS FORM CAN BE USED TO APPLY FOR A NEW 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

**BLENHEIM**  
Seymour Street  
PO Box 443  
Blenheim 7240  
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Email: [mdc@marlborough.govt.nz](mailto:mdc@marlborough.govt.nz)

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# APPLICATION FOR NEW COMPLIANCE SCHEDULE

## Application

I request that you issue a Compliance Schedule for the building described in this application.  
This form is only to be used for new compliance schedules in existing buildings which have existing features.  
If new features are required then a building consent is needed.

### The Building [Project Location]

<b>Street address of building:</b>	<b>Legal description of land where building is located:</b> <small>[state legal description as at the date of application]</small>
<b>Building Name:</b> <small>[if applicable]</small>	<b>Number of Levels:</b> <small>[include ground level and any levels below ground]</small> <input type="checkbox"/> <b>Level/Unit Number:</b> <small>[if applicable]</small> <input type="checkbox"/>
<b>Area:</b> Existing floor area: _____ Occupancy: _____	<b>Current, lawfully established, use:</b>  <b>Year first constructed:</b> <small>[insert year, approximate date is acceptable eg c1920s or 1960-1970]</small>

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

<b>Name of Owner/Applicant:</b> <small>[include preferred form of title, eg Mr, Miss, Dr if an individual and the contact person's name if a company, trust or similar]</small>	
<b>Owner's mailing address:</b>	<b>Street address/Registered Office:</b>
<b>Owner's contact details:</b> 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](mailto: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 _____ <i>[please specify]</i>		

**Address where compliance schedule will be held:**

## 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	Existing	New	Altered	Removed	Inspection Reporting Maintenance
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"/>