

Application for compliance schedule or amendment to compliance schedule



Section 106, Building Act 2004
(Form 11 – Building (Forms) Regulations 2004)

<p>For office use</p> <p>Receipt No: _____</p> <p>Date: _____</p> <p>Application No: _____</p>

Location of building (please tick)

Auckland
 Manukau
 Waitakere
 North Shore
 Papakura
 Rodney
 Franklin

THE BUILDING

Street address: (for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection)

Legal description: Lot number: _____ Deposited plan DP: _____

Parcel: _____ Valuation number: (please provide if you are able) _____

Building name: _____

Location of building within site/block number: (include nearest street access) _____

Level or unit number: _____

Current lawfully established use: (include number of occupants per level and per use if more than 1)

THE OWNER	AGENT
<p>Name of owner: _____</p> <p>(Include preferred form of address, eg, Mr, Miss, Dr, if an individual)</p> <p>Mailing address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Street address: (for courier)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>(Only required if application is being made on behalf of the owner)</p> <p>Name of agent: _____</p> <p>Mailing address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Street address: (for courier)</p> <p>_____</p> <p>_____</p> <p>_____</p>

Telephone No: (Home): _____ Telephone No: (Work): _____ Mobile number: _____ Facsimile number: _____ Email address: _____ Evidence of ownership: (copy of certificate of title, lease, agreement for sale & purchase or other document showing full name of legal owner(s) of the building should be attached) _____ Signature of owner: _____ Print name: _____	Telephone No: (Home): _____ Telephone No: (Work): _____ Mobile number: _____ Facsimile number: _____ Email address: _____ Relationship to owner: (state details of the authorisation from the owner to make the application on the owner's behalf) _____ Signature of agent: _____ Print name: _____
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FIRST POINT OF CONTACT FOR COMMUNICATION (Must be in New Zealand)

(If first point of contact for communications from the council is different to above, please provide full name, mailing address, phone numbers and email addresses)

Full name: _____

Mailing address: _____

Street address/Registered office: _____

Telephone no. (home): _____

Telephone no. (work): _____

Mobile number: _____

Facsimile number: _____

Email address: _____

APPLICATION

Please tick one only:

- Application for Compliance Schedule Amendment to Compliance Schedule

Specified system	Applicable (Circle)	New (tick)	Add or remove (if amending) (Circle)	Reason (state why amendment is required to ensure that the specified system meets the performance standards)
1.0 Automatic systems for fire suppression 1.1 Automatic sprinkler systems 1.2 Gas and foam flood or deluge system, dry and wet chemical extinguishing systems	Yes/No Yes/No Yes/No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add/Remove Add/Remove Add/Remove	
2.0 Automatic/manual emergency warning systems for fire or other dangers 2.1 Emergency warning systems including manual and automatic fire alarms, heat detectors, halon, gas, radiation systems. Are they audible or visual signals? 2.2 Automatic gas leak detection systems for the detection and measurement of combustible gases	Yes/No Yes/No Yes/No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add/Remove Add/Remove Add/Remove	

Specified system	Applicable (Circle)	New (tick)	Add or remove (if amending) (Circle)	Reason (state why amendment is required to ensure that the specified system meets the performance standards)
3.0 Electromagnetic or automatic doors or windows 3.1 Automatic doors (sliding/revolving/panic) 3.2 Access controlled doors (swipe card/key pad/sensor/delayed egress) 3.3 Interfaced fire or smoke doors or windows (electromagnetic door holders)	Yes/No Yes/No Yes/No Yes/No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add/Remove Add/Remove Add/Remove Add/Remove	
4.0 Emergency lighting systems. Stand-by generator, self-contained units, other	Yes/No	<input type="checkbox"/>	Add/Remove	
5.0 Escape route pressurisation. Location of control panel	Yes/No	<input type="checkbox"/>	Add/Remove	
6.0 Riser mains for fire service use. Physical location of the riser, point of entry for fire service etc.	Yes/No	<input type="checkbox"/>	Add/Remove	
7.0 Any automatic back-flow preventer connected to a potable water supply. Type of device and location (testable device)	Yes/No	<input type="checkbox"/>	Add/Remove	
8.0 Lifts, escalators or travelators or other systems for moving people or goods within buildings: Specify number of lifts and location. 8.1 Passenger carrying lift 8.2 Goods lift 8.3 Escalators and moving walks	Yes/No Yes/No Yes/No Yes/No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add/Remove Add/Remove Add/Remove Add/Remove	
9.0 Mechanical ventilation or air conditioning system. Owners operation manual may have maintenance provisions included. Note: Cooling tower installed?	Yes/No Yes/No	<input type="checkbox"/> <input type="checkbox"/>	Add/Remove Add/Remove	
10.0 Building maintenance units for providing access to the exterior and interior walls of buildings.	Yes/No	<input type="checkbox"/>	Add/Remove	
11.0 Laboratory fume cupboards. Location: _____	Yes/No	<input type="checkbox"/>	Add/Remove	
12.0 Audio loops or other assistive listening systems 12.1 Audio loop 12.2 FM radio-frequency systems and infrared beam transmission systems.	Yes/No Yes/No Yes/No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add/Remove Add/Remove Add/Remove	
13.0 Smoke control systems: 13.1 Mechanical smoke control 13.2 Natural smoke control 13.3 Smoke curtains	Yes/No Yes/No Yes/No Yes/No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add/Remove Add/Remove Add/Remove Add/Remove	
14.0 Emergency power systems or signs relating to a specified system in any of the specified systems 1.0-13.0. See 15.4, Signs	Yes/No	<input type="checkbox"/>	Add/Remove	
15.0 Means of escape: 15.1 System for communicating information for evacuation 15.2 Final exits 15.3 Fire separation 15.4 Signs. Such signs as required by • the building code (all systems above) • section 120 of the Building Act 2004 15.5 Smoke separation	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add/Remove Add/Remove Add/Remove Add/Remove Add/Remove Add/Remove	
SS16 Cable cars	Yes/No	<input type="checkbox"/>	Add/Remove	
The compliance schedule for this building complies	Yes/No	<input type="checkbox"/>	Add/Remove	

Specified system	Applicable (Circle)	New (tick)	Add or remove (if amending) (Circle)	Reason (state why amendment is required to ensure that the specified system meets the performance standards)
with section 103(d) of the Building Act 2004				

ATTACHMENTS

- Copy of existing compliance schedule (for amendment)
- Application fee

Owner/agent signature: _____ **Date:** _____

Print name: _____

If you are signing this application on behalf of a company/trust/other entity (the Applicant), you are declaring that you are duly authorised to sign on behalf of the Applicant to make such an application.

IMPORTANT PRIVACY INFORMATION
If you would like to request access to, or correction of, your details, please advise us on the contact details below

Waitakere City Council
Private Bag 93109
6 Henderson Valley Rd
Henderson
WAITAKERE CITY
Ph: 839 0400 Fax: 836 8001