

Application for code compliance certificate



Section 92, Building Act 2004
(Form 6 – Building (Forms) Regulations 2004)

Building consent number: _____

Issued by: **Waitakere City Council**

Site address: _____

<p>For office use</p> <p>Receipt No: _____</p> <p>Date: _____</p>
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Location of building (please tick)

Auckland
 Manukau
 Waitakere
 North Shore
 Papakura
 Rodney
 Franklin

THE OWNER	AGENT
<p>Name of owner: _____</p> <p><small>(Include preferred form of address, eg, Mr, Miss, Dr, if an individual)</small></p> <p>Mailing address: _____</p> <p>Street address: (for courier) _____</p> <p>Telephone No: (Home): _____</p> <p>Telephone No: (Work): _____</p> <p>Mobile number: _____</p> <p>Facsimile number: _____</p> <p>Email address: _____</p> <p>Evidence of ownership: <small>(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)</small></p> <p>Signature of owner: _____</p> <p>Print name: _____</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>Street address: (for courier) _____</p> <p>Telephone No: (Home): _____</p> <p>Telephone No: (Work): _____</p> <p>Mobile number: _____</p> <p>Facsimile number: _____</p> <p>Email address: _____</p> <p>Relationship to owner: <small>(state details of the authorisation from the owner to make the application on the owner's behalf)</small></p> <p>Signature of agent: _____</p> <p>Print name: _____</p>

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. (home): _____ Facsimile number. _____

Email address: _____

APPLICATIONStage _____ of an intended _____ Stages
All building work to be carried out under the above building consent was completed on: _____**KEY CONTACTS/PERSONNEL WHO CARRIED OUT THE BUILDING WORK**

Designer or Architect		Structural Engineer	
Business/Name:		Business/Name:	
Address:		Address:	
Daytime:	After Hours:	Daytime:	After Hours:
Mobile:	Fax:	Mobile:	Fax:
Registration/Qualifications:		Registration/Qualifications:	
Builder		Plumber	
Business/Name:		Business/Name:	
Address:		Address:	
Daytime:	After Hours:	Daytime:	After Hours:
Mobile:	Fax:	Mobile:	Fax:
Registration/Qualifications:		Registration/Qualifications:	
Drainlayer		Electrician	
Business/Name:		Business/Name:	
Address:		Address:	
Daytime:	After Hours:	Daytime:	After Hours:
Mobile:	Fax:	Mobile:	Fax:
Registration/Qualifications:		Registration/Qualifications:	
Head Contractor/Site Manager		Other	
Business/Name:		Business/Name:	
Address:		Address:	
Daytime:	After Hours:	Daytime:	After Hours:
Mobile:	Fax:	Mobile:	Fax:
Registration/Qualifications:		Registration/Qualifications:	

(tick)	SPECIFIED SYSTEM
<input type="checkbox"/>	No specified system installed
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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)
<input type="checkbox"/>	4.0 Emergency lighting systems. Stand-by generator, self-contained units, other
<input type="checkbox"/>	5.0 Escape route pressurisation. Location of control panel
<input type="checkbox"/>	6.0 Riser mains for fire service use. Physical location of the riser, point of entry for fire service etc.
<input type="checkbox"/>	7.0 Any automatic back-flow preventer connected to a potable water supply. Type of device and location (testable device)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/>	9.0 Mechanical ventilation or air conditioning system. Owners operation manual may have maintenance provisions included. Note: Cooling tower installed?
<input type="checkbox"/>	10.0 Building maintenance units for providing access to the exterior and interior walls of buildings.
<input type="checkbox"/>	11.0 Laboratory fume cupboards. Location: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12.0 Audio loops or other assistive listening systems 12.1 Audio loop 12.2 FM radio-frequency systems and infrared beam transmission systems.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13.0 Smoke control systems: 13.1 Mechanical smoke control 13.2 Natural smoke control 13.3 Smoke curtains
<input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 <ul style="list-style-type: none"> • the building code (all systems above) • section 120 of the Building Act 2004 15.5 Smoke separation
<input type="checkbox"/>	SS16 Cable cars
<input type="checkbox"/>	The compliance schedule for this building complies with section 103(d) of the Building Act 2004

REQUEST

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:

Name: _____ Owner Agent

Address: _____

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

Print name: _____

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

ATTACHMENTS

The following documents are attached to this application:

- Evidence of ownership
- Certificates from the personnel who carried out the work
- 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
- Other (specify): _____

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