



APPLICATION FOR CODE COMPLIANCE CERTIFICATE

Section 92, Building Act 2004

Building Consent No: _____	Issued by: _____
Location: _____	Description of work: _____

The Owner	Contact
<i>Only complete if you are making the application on behalf of the Owner.</i>	
Owners Name: _____	Contacts Name: _____
Postal Address: _____	Postal Address: _____
Street Address/ Registered Office: _____	Street Address/ Registered Office: _____
Contact Person: _____	Contact Person: _____
Landline: _____	Landline: _____
Daytime: _____	Daytime: _____
After Hours: _____	After Hours: _____
Mobile: _____	Mobile: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Website: _____	Website: _____

First Point of Contact for communications with Council:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contact
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First Point of Contact for communications with Council: <i>If different to the Owner & Contact details above</i>	
Contacts Name: _____	After Hours: _____
Postal Address: _____	Mobile: _____
Landline: _____	Fax: _____
Daytime: _____	Email: _____

The following evidence of ownership is attached to this application showing full name of legal owner(s) of the building:	
<input type="checkbox"/> Copy of certificate of title	<input type="checkbox"/> Agreement for sale and purchase
<input type="checkbox"/> Lease	<input type="checkbox"/> Other (specify) _____

Application:
All building work to be carried out under the above building consent was completed on: _____ <i>dd/mm/yyyy</i>

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

Restricted Building Work (RBW) involved

***Please complete the below section listing the LBP's involved.*

No Restricted Building Work (RBW) involved

***Please do not fill in this section & proceed to the next section.*

Name	Licensing Class	Licensed building practitioner number <i>(or registration number if treated as being licensed under Section 291 of Building Act 2004)</i>	Particular work carried out or supervised

The personnel who carried out building work other than restricted building work are as follows:

Name	Area of Work	Registration Number <i>**For example Certifying Plumber, Drainlayer, Registered Electrician, etc.</i>	Particular work carried out or supervised

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 standards set out in the building consent:

Residential Building

***Please do not fill in this section & proceed to the next section unless the building includes a cable car*

Commercial/Industrial Building

***Complete the below section listing specified systems if you have an existing compliance schedule.*

<input type="checkbox"/>	SS 1	Automatic Systems for Fire Suppression	<input type="checkbox"/>	SS 10	Building Maintenance Units
<input type="checkbox"/>	SS 2	Emergency Warning Systems	<input type="checkbox"/>	SS 11	Laboratory Fume Cupboards
<input type="checkbox"/>	SS 3.1	Automatic Doors & Windows	<input type="checkbox"/>	SS 12.1	Audio Loops
<input type="checkbox"/>	SS 3.2	Access Controlled Doors	<input type="checkbox"/>	SS 12.2	FM Radio Frequency Systems
<input type="checkbox"/>	SS 3.3	Interfaced Fire / Smoke Doors / Windows	<input type="checkbox"/>	SS 13	Mechanical Smoke Control
<input type="checkbox"/>	SS 4	Emergency Lighting Systems	<input type="checkbox"/>	SS 14.1	Emergency Power Systems for SS 1 – 13
<input type="checkbox"/>	SS 5	Escape Route Pressurisation Systems	<input type="checkbox"/>	SS 14.2	Signs for SS 1 – 13
<input type="checkbox"/>	SS 6	Riser Mains	<input type="checkbox"/>	SS 15.1	Systems for Communicating Evacuation
<input type="checkbox"/>	SS 7	Auto Backflow Preventers	<input type="checkbox"/>	SS 15.2	Final Exits
<input type="checkbox"/>	SS 8.1	Passenger Carrying Lifts	<input type="checkbox"/>	SS 15.3	Fire Separations
<input type="checkbox"/>	SS 8.2	Service Lifts	<input type="checkbox"/>	SS 15.4	Signs
<input type="checkbox"/>	SS 8.3	Escalators & Moving Walks	<input type="checkbox"/>	SS 15.5	Smoke Separations
<input type="checkbox"/>	SS 9	Mechanical Vent / Air Con Systems	<input type="checkbox"/>	SS 16	Cable Cars

I request that you issue a code compliance certificate for this work under Section 95 of the Building Act 2004.

Signature of owner/agent

*on behalf of and with the authority
of the owner (delete one)*

**Name of Person
Signing**

Date

The code compliance certificate should be sent to:

Owner; Agent detailed above; or Other (*specify*) _____

Attachments: *Please tick all items that are applicable*

- | | |
|--|---|
| <input type="checkbox"/> Records of Work (ROW) from LBP's | <input type="checkbox"/> As built truss plans & layout |
| <input type="checkbox"/> Other documents from personnel who carried out work (<i>e.g. Producer Statements</i>) | <input type="checkbox"/> Evidence that specified systems are capable of performing to the performance standards set out in the building consent |
| <input type="checkbox"/> Energy Works Certificates | <input type="checkbox"/> As built drainage plan |

Office Use only: **Received by:** (*initial*) _____ **Date:** _____

Entered into computer system – 20 day monitoring started.

All inspections undertaken? Yes No | If no, inspection booked for: _____