

Application for a Compliance Schedule

Section 106, Building Act 2004



TE KAUNIHERA Ā ROHE O
WHAKAAHURANGI
STRATFORD
DISTRICT COUNCIL

THE BUILDING

Street address of building:

Legal description of land where building is located:

Building name:

Building age:

Location of building within site/block N°:

Level / Unit N°:

Risk Group

Choose an item.

Level	Classified Use (Building Description)	Use of all or part of Building (Refer Schedule 2 NZ Building Regs 2005)	Occupancy #
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	
Total #			

THE OWNER

Name of owner:

Contact person:

Mailing address:

Postcode:

Street address/registered office:

Phone number: Work

After hours:

Facsimile number:

Mobile:

Email address:

Website:

The following evidence of ownership is attached to this application:

- Certificate of Title
- Lease Agreement
- Sale & Purchase Agreement
- Other document showing full name of legal owners of the building

AGENT (only required if application is being made on behalf of the owner)

Name of agent:

Contact person:

Mailing address:

Postcode:

Street address
/ registered office:

Phone number: Work

After
hours:

Facsimile number:

Mobile:

Email address:

Website:

Relationship to owner: *(supply details of authorisation from the owner to make the application on the owner's behalf)*

THE APPLICANT (only required where sale and purchase agreement in place or certificate of title has not been issued)

Name of applicant:

Contact person:

Mailing address:

Postcode:

Street address
/ registered office:

Phone number: Work

After
hours:

Facsimile number:

Mobile:

Email address:

Website:

Relationship to owner: *(supply details of authorisation from the owner to make the application on the owner's behalf)*

FIRST POINT OF CONTACT FOR COMMUNICATIONS WITH COUNCIL

Full name:

Mailing address:

Postcode:

Phone number:

Mobile:

Facsimile number:

Email address:

Preferred method of correspondence:

Email:

Post:

SIGNATORY

Owner / agent
signature:

Date:

Print name:

IQP No:
(if agent IQP)

If you are signing this application on behalf of a company/trust/or other entity, you are declaring that you are duly authorised to sign this application on behalf of the owner.

COMPLIANCE SCHEDULE INSPECTION, MAINTENANCE AND REPORTING PROCEDURES

Specified system		Inspection, maintenance & reporting standards (please list standard if not referenced)	System notification (tick as applicable)		
			New	Altered	Removed
1.1	Sprinkler system	NZS 4541:2013 NZS 4515:2009 NFPA 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Gas and foam flood or deluge systems; dry and wet fire extinguishing systems	NZS 4541:2013 NZS 4515:2009 NFPA 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	Manual and automatic fire alarms; smoke / heat detectors; gas; radiation systems Audible Visual	NZS 4512:2010 AS 1851:2005 NFPA 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Automatic gas leak detection systems for the detection and measurement of combustible gases	NZS 5263:2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	Automatic doors e.g. sliding or revolving doors Are doors interfaced with emergency warning system? Yes No	NZS 4239:1993	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Access controlled doors (swipe card, key pad, sensor-delayed egress, etc)	NZS 4239:1993	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Interfaced fire or smoke door or windows (electromagnetic door holders)	AS 4178:1994 NZS 4232.2:1988 NZS 4520:2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		AS/NZS 2293.2:1995 NZS 6104:1981			
4	Emergency lighting systems	AS/NZS 2293:1995 Parts 1 & 3 AS 2293:2005 Parts 1 & 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Escape route pressurisation systems	AS 1851.6:2012 AS/NZS 1668.1:1998	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Riser mains for use by fire services	NZS 4510:2008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7	Automatic backflow preventers connected to a potable water supply	AS/NZS 2845.1:2010 AS 2845.3:2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1	Passenger carrying lifts	NZS 4332:1997 NZS 4334:2012 EN 81:2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Goods or service lifts	NZS 4332:1997 EN 81:2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Escalators and moving walks	EN 115:2008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Mechanical ventilation/air-conditioning systems Cooling tower installed Yes No Interfaced with fire alarm Yes No Spray booth Yes No	AS/NZS 3666.2:2011 AS/NZS 4114.1:2003 AS/NZS 4114.2:2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Building maintenance units or other devices providing access to the exterior of a building	BS 6037.1:2003 AS/NZS 1891.4:2009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Laboratory fume cupboards	AS/NZS 2243.8:2014 NZS 7203:1992	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1	Audio loop	AS 60118.4:2007 NZS 4121:2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	FM radio frequency systems and infrared beam transmission	AS 60118.4:2007 NZS 4121:2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.1	Mechanical smoke control systems	AS/NZS 1668.1:1998 AS 1851:2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Natural smoke control systems	AS/NZS1668.1:199 8 AS 1851:2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.3	Smoke curtains	AS/NZS1668.1:199 8 AS 1851:2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1	Emergency power systems installed for the purpose of supplying power to any of the specified systems 1 - 13	NZS 6104:1981	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2	Signs for all systems	NZS 4121:2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1	System for communicating spoken information intended to facilitate evacuation	NZS 4512:2010 AS 1851:2012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.2	Final exits	AS/NZS 2293.2:1995 NZS 4121:2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3	Fire separation	NZS4520:2010 NZS4232:1988	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4	Signs for communicating information intended to facilitate evacuation; and such signs as required by: <ul style="list-style-type: none"> the NZBC (all systems); and S.120 of the Act 	NZS4121:2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.5	Smoke separation	AS/NZS1668.1:1998	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Cable cars	NZS5270:2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL REQUIRED SUPPORTING DOCUMENTATION

Specified system specifications: provide documentation that covers off the make & model of the system installed.

Building floor plan: provide a detailed floor plan showing the specified systems locations, location where logbook and BWoF (Form 12) will be.

BILLING

All related invoices/refunds to be billed to:

Owner:

Agent:

Applicant:

Preferred method of correspondence:

Email:

Post:

Please note: any refunds are paid to the receipted name unless written authorisation has been received from the receipted person or company stating otherwise