

Application for an amendment to a compliance schedule

Section 106, Building Act 2004 (Form 11)



TE KAUNIHERA Ā ROHE O
WHAKAAHURANGI
STRATFORD
DISTRICT COUNCIL

APPLICATION DETAILS

Building Consent N°:		Date:	
Certificate of Acceptance N°:		Certificate for Public Use N°:	

THE BUILDING

Street address of building:

Legal description of land where building is located:

Building name:

Location of building within site/block: 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:

BILLING

All related invoices/refunds to be billed to:

Owner: Agent: Applicant:

Preferred method of correspondence:

Email: Post:

Purchase order/Reference number: (if applicable)

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

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.

APPLICATION

I request that the compliance schedule for the above building be amended as follows:

Existing compliance schedule No:

Please identify which specified systems have been added, altered or removed during construction

Specified system	Tick as applicable			Consent N°:	State reason why amendment is required
	Add	Alt	Remove		

LOCATION OF COMPLIANCE SCHEDULE

Important note: The compliance schedule must be kept in a location that is agreed to between Stratford District Council and the Owner.