

# Application for an exemption

## Schedule 1 Clause 2



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:

Location of building within site/block N°:

Level / Unit N°:

No of occupants per level and / use if more than 1

Current, lawfully established, use: *(include number uses if >1)*

### THE OWNER

Name of owner:

Contact person:

Mailing address:

Postcode:

Phone number: Work

Mobile:

Email address:

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:

Phone number: Work

Mobile:

Email address:

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**

Contact

Owner:  Agent:

**DESCRIPTION OF BUILDING WORK FOR WHICH AN EXEMPTION IS SOUGHT**

**REASON WHY EXEMPTION IS SOUGHT**

Signature:  Owner:  Agent:  Date:

**ATTACHMENTS** *(the following documents are attached to this application)*

Note: plans must be to the same standard and quality as if it were an application for Building consent

<input type="checkbox"/>	Plans	<input type="checkbox"/>	Calculations
<input type="checkbox"/>	Specifications / installation instructions	<input type="checkbox"/>	Producer statements
<input type="checkbox"/>	Reports	<input type="checkbox"/>	Other

**KEY CONTACTS** *(please provide details as applicable)*

<b>Designer or Architect</b>		<b>Structural Engineer</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
<b>Builder</b>		<b>Plumber</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
<b>Drainlayer</b>		<b>Electrician</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
<b>Head Contractor / Site Manager</b>		<b>Other</b>	
Name:		Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	