

**APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT
SECTION 33 OR SECTION 45 BUILDING ACT 2004**



This form is to be used for applications for solar water heating & plumbing and drainage only.

PROPERTY DETAILS

Street Address:

 Legal Description of land where building is located:
 Lot: DP:
 Sec: Block: SD:
 Building Description:
 Floor Area in metres²
 Current Use:
 Year first constructed (if applicable):

THE OWNER

Full Name:
 (Dr, Mr, Mrs, Miss, Ms)
 Contact Person:
 Postal Address:

 Street Address:

 Phone: Mobile:
 Fax: After Hrs:
 Email:
 Website:

THE AGENT

Name of Agent
 (Only required if application is being made on behalf of the owner)
 Contact Person: Relationship to Owner:
 Postal Address

 Street Address/Registered Office
 Phone: Mobile: Email:
 After hours: Fax: Website:

APPLICATION

The following evidence of ownership is attached to this application (*tick applicable boxes*):

- Copy of Certificate of Title
- Lease
- Agreement for Sale and Purchase
- Other Documentation showing Full name of Legal Owners of the Building

First Point of Contact:

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 Owner

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 Agent

Who will be paying for this Application:

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 Owner

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 Agent

Postal Address for Correspondence:

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 Owner

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 Agent

I request that you issue a:

- Project Information Memorandum
- Building Consent
- Both

Signature of owner/agent on behalf of and with the authority of the owner.

.....
Signature

.....
Date

I/we require that my/our Plans Specifications be treated as confidential in order to protect the security of the building.
 (Please check as appropriate)

THE PROJECT

Full description of the Building Work

.....

Will the Building Work result in a change of use of the Building? Yes No
Provide Details of Use Below

.....

Intended Life of the Building if Less Than 50 Years years

List the Building Consents Previously Issued For this Project (if any)

.....

\$ Estimated value of the Building Work

RESTRICTED BUILDING WORK AND LICENSED BUILDING PRACTITIONERS

Restricted Building Work	Licensed Building Practitioner	License Number
Craftsman Plumber/Gasfitter:	Name: Address: Phone:	
Registered Drainlayer:	Name: Address: Phone:	

COMPLIANCE WITH NEW ZEALAND BUILDING CODE

Clause

Tick relevant building code clauses

Means of Compliance

(Refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications. If not applicable, write N/A)

Alternative Solutions

<input type="checkbox"/> B2 Durability	B2/AS1	NZS 3604	NZS 3101	NZS 3602	
<input type="checkbox"/> E1 Surface water	E1/AS1		AS/NZS 3500.3		
<input type="checkbox"/> E2 External moisture	E2/AS1		Specific Design		
<input type="checkbox"/> E3 Internal moisture	E3/AS1				
<input type="checkbox"/> G1 Personal hygiene	G1/AS1				
<input type="checkbox"/> G2 Laundering	G2/AS1				
<input type="checkbox"/> G3 Food preparation & prevention of contamination	G3/AS1				
<input type="checkbox"/> G4 Ventilation	G4/AS1	AS 1668.2			
<input type="checkbox"/> G10 Pipes services	G10/AS1		NZS 5261		
<input type="checkbox"/> G11 Gas as an energy source	G11/AS1				
<input type="checkbox"/> G12 Water supplies	G12/AS1	G12/AS2 (solar)	AS/NZS 3500.2	AS/NZS 2712:2007 (solar)	
<input type="checkbox"/> G13 Foul water	G13/AS1	AS/NZS 3500.2	AS/NZS 1547		
<input type="checkbox"/> G14 Industrial liquid waste	G14/AS1				
<input type="checkbox"/> G15 Solid waste	G15/AS1				
<input type="checkbox"/> H1 Energy efficient	H1/AS1	NZS 4214	NZS 4218	NZS 4243	

Waiver/Modification to Building Code

State nature of waiver or modification.

PLUMBING AND DRAINAGE CHECKLIST

How to use this Checklist

Use this checklist when finalising your building drawings and plans to assist you to lodge a complete application and to avoid delays in processing. Your application will be accepted based on this checklist to ensure that it has sufficient information to commence processing.

- All items on this checklist must be ticked to show that they are either provided (**Provided**) or are not applicable to your project (**N/A**).

Later, additional information may be requested during the processing of your building consent to confirm compliance with the Building Code. Processing time will be suspended until information is received.

Applicant Use	P - Information	N/A - not applicable to this project
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Provided	N/A	1.	Minimum building consent application documentation
<input type="checkbox"/>	<input type="checkbox"/>		(a) Complete application form(s).
<input type="checkbox"/>	<input type="checkbox"/>		(b) Two sets of plans (one in A3 maximum) and two sets of specifications and other documentation.
<input type="checkbox"/>	<input type="checkbox"/>		(c) Plans drawn to a recognised metric scale; include a north arrow; and in black ink (not pencil or red pen).
Provided	N/A	2.	Site/Location Plan
<input type="checkbox"/>	<input type="checkbox"/>		(a) Dimensions of all boundaries; distances between new drainage work and boundaries.
<input type="checkbox"/>	<input type="checkbox"/>		(b) Outline of existing buildings identifying use.
<input type="checkbox"/>	<input type="checkbox"/>		(c) Street name and number.
<input type="checkbox"/>	<input type="checkbox"/>		(d) Service locations indicated (drainage, sewer, gas etc).
Provided	N/A	3.	Floor Plan
<input type="checkbox"/>	<input type="checkbox"/>		(a) Floor plan for each area affected by plumbing and drainage work and the use of each area.
<input type="checkbox"/>	<input type="checkbox"/>		(b) Door and window lintel sizes indicated.
<input type="checkbox"/>	<input type="checkbox"/>		(c) Smoke detectors indicated (must be in or within 3m of each bedroom).
Provided	N/A	4.	Plumbing and Drainage
<input type="checkbox"/>	<input type="checkbox"/>		(a) Nominate plumbing/drainage design standard (e.g. AS/NZS 3500 or G13)
<input type="checkbox"/>	<input type="checkbox"/>		(b) Drainage layout including Council's service connections, collection tanks and stormwater disposal.
<input type="checkbox"/>	<input type="checkbox"/>		(c) Location of fixtures/features and hot water system type and location.
<input type="checkbox"/>	<input type="checkbox"/>		(d) If the building has plumbing fixtures on an upper level, provide the clear layout drawings showing wastes, pipes and falls e.g. an isometric layout
<input type="checkbox"/>	<input type="checkbox"/>		(e) On-site wastewater disposal design.
<input type="checkbox"/>	<input type="checkbox"/>		(f) Engineer's certificate.
Provided	N/A	5.	Solar Water Heating
<input type="checkbox"/>	<input type="checkbox"/>		(a) Panel size and location.
<input type="checkbox"/>	<input type="checkbox"/>		(b) Structural Support.
<input type="checkbox"/>	<input type="checkbox"/>		(c) Fixing Details.
<input type="checkbox"/>	<input type="checkbox"/>		(d) Cylinder Location.
<input type="checkbox"/>	<input type="checkbox"/>		(e) Schematic Pipe Layout.
<input type="checkbox"/>	<input type="checkbox"/>		(f) Tempering Valve
<input type="checkbox"/>	<input type="checkbox"/>		(g) Weather Seals.
<input type="checkbox"/>	<input type="checkbox"/>		(h) Pipe Insulation.
<input type="checkbox"/>	<input type="checkbox"/>		(i) Frost Protection.

- | | | |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provided | N/A | 6. Specifications – Must be relevant to the particular buildings and to the plans submitted. They must give a full description of the type, size and grade of materials to be used and the method of construction. |
| <input type="checkbox"/> | <input type="checkbox"/> | (a) Relevant plumbing specifications. |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) Any building work outside the scope of New Zealand Standards. |
| Provided | N/A | 7. Other supporting documentation or plans |
| <input type="checkbox"/> | <input type="checkbox"/> | (a) This is a generic checklist for this project type. There may be other information that you know about, specific to your project or site, that has not been covered in the above items |

Please sign and date when you have completed both your application and checklist.

Applicant Signature: _____ **Date:** _____

Office Use Only

Checking Officer Signature: _____ **Date:** _____

NOTES

Binding interpretations of the acts, regulations and bylaws can be issued only by the courts. Indications and guidelines issued by the Council are provided with the intention of helping people to understand the legislation. They are however offered on a "no liability" basis and in any particular case those concerned should consult their own legal advisor.

FOR COUNCIL USE ONLY

Receipt Number Date

Received By

Application Number

Application and Checklist both completed: ☺ Yes (Only accept application if you can tick the smiley face)