



FORM 6

****Please complete all sections relevant to your building consent.**

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>			
Owner's Name:		Contact's 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 and Contact details above</i>			
Contact's Name:		After Hours:	
Postal Address:		Mobile:	
		Fax:	
		Email:	
Landline:			
Daytime:			

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:

<input type="checkbox"/> Restricted Building Work (RBW) involved <i>**Please complete the below section listing the LBP's involved.</i>		<input type="checkbox"/> No Restricted Building Work (RBW) involved <i>**Please do not fill in this section and proceed to the next section.</i>	
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:

<input type="checkbox"/> Residential Building <i>** Please do not fill in this section and proceed to the next section unless the building includes a cable car</i>			<input type="checkbox"/> Commercial/Industrial Building <i>** Complete the below section listing specified systems if you have an existing compliance schedule.</i>		
<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

Name of Person Signing

Date

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

The code compliance certificate should be sent to:

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

Attachments: *Please tick all items that are applicable*

Records of Work (ROW) from LBP's

As built truss plans and layout

Other documents from personnel who carried out work (*e.g. Producer Statements*)

Evidence that specified systems are capable of performing to the performance standards set out in the building consent

Energy Works Certificates

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: _____