

Manawatu-Wanganui Regional BCA Cluster

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BUILDING CONSENT/PIM APPLICATION FORM

Section 33 and/or 45, Building Act 2004

Ref: T-Form 2

Cluster Version: CV 1

Issued: 2 November 2015

OFFICE USE ONLY

Valuation Number:	
BC Reference Number:	
Date Application Received:	
Building Category:	

SECTION 1

APPLICATION TYPE

I request the Council to issue a:	<input type="checkbox"/> Property Information Memorandum and/or <input type="checkbox"/> Building Consent
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SECTION 2

BUILDING

Street address of building: (for structures that do not have a street address, state the nearest street intersection and the distance/direction from that intersection)

Legal description of land where building is located: (state legal description as at the date of application and, if subdivision is proposed include details of relevant lot numbers and subdivision consent)

Lot:	
DP:	
Sec No:	
Blk No:	
Blk Name:	
Val No:	

Building name: (if applicable)	
Location of building within site/block:	
Number of levels:	
Level/Unit number:	
Area: (Floor area of building work)	
Currently lawfully established use:	
Year first constructed: (approximate date is acceptable)	
Is the building listed as an Historic Site/Building in the District Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3**OWNER****Name of owner(s):** (eg Mr, Mrs, Miss, Ms)**Contact person(s):****Mailing address:****Postcode:****Street address/Registered office:****Postcode:****Owner(s) contact details:****Landline:****Mobile:****Daytime:****After hours:****Fax:****Website:****Email:****Evidence of Ownership:** (Please attach one of the following, as appropriate to the circumstances, showing full name of legal owner(s) of the building/land)**Certificate of title** (see Section 13 for further information)☐**Lease**☐**Agreement for sale and purchase**☐**SECTION 4****AGENT** (only required if application is made on behalf of the owner)**Name of Agent(s):** (eg Mr, Mrs, Miss, Ms)**Contact person(s):****Mailing address:****Postcode:****Street address/Registered office:****Postcode:****Agent(s) contact details:****Landline:****Mobile:****Daytime:****After hours:****Fax:****Website:****Email:****Relationship to Owner:** (State details and provide written authorisation from the owner(s) to make the application on the owner(s) behalf)**First Point of Contact for Communication with the Council/Building Control Authority:** (Mark boxes as appropriate and provide details of any other points of contact not already shown)**Further information:****Agent**☐**Owner**☐**Other**☐**Correspondence:****Agent**☐**Owner**☐**Other**☐**Invoicing:****Agent**☐**Owner**☐**Other**☐**Other contact details:****Preferred correspondence:****Fax:**☐**Email:**☐**Post:**☐

SECTION 5**PROJECT**

Description of the building work: *(Please provide sufficient description of building work to enable scope of work to be fully understood)*

Intended life of the building if less than 50 years:

Estimated value of building work on which the building levy will be calculated: *(Include the goods and services tax)*

\$

Will the building work result in a change of use of the building? *(If Yes please provide details of the new use below)*

No: ☐ **Yes:** ☐

List Building Consent(s) previously issued for this project: *(If applicable)*

SECTION 6**PROJECT INFORMATION MEMORANDUM**

The following matters are involved in the Project:

Subdivision (dividing of land and/or building)	<input type="checkbox"/>	Alterations to land contours and earthworks	<input type="checkbox"/>
New or altered connections to public utilities	<input type="checkbox"/>	New or altered access for vehicles	<input type="checkbox"/>
New or altered locations and/or external dimensions of buildings	<input type="checkbox"/>	Building work over, or adjacent to, any road or public place	<input type="checkbox"/>
Disposal of storm water and waste water	<input type="checkbox"/>	Building work over existing drains or sewers or in close proximity to wells or water mains	<input type="checkbox"/>

Other matters known to the applicant that may require authorisation(s) from Council: *(Please specify below)*

SECTION 7**BUILDING PRACTITIONER**

Builder:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
LBP number:		Licensing Class:	
Email:			
Designer:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
LBP number:		Licensing Class:	
Email:			
Brick and Block Layer:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
LBP number:		Licensing Class:	
Email:			

External Plasterer:				
Address:				
Daytime phone:		Mobile:		
Fax:		Registration/Qualification:		
LBP number:		Licensing Class:		
Email:				
Foundations:				
Address:				
Daytime phone:		Mobile:		
Fax:		Registration/Qualification:		
LBP number:		Licensing Class:		
Email:				
Carpenter Business:				
Address:				
Daytime phone:		Mobile:		
Fax:		Registration/Qualification:		
LBP number:		Licensing Class:		
Email:				
Other Business:				
Address:				
Daytime phone:		Mobile:		
Fax:		Registration/Qualification:		
Email:				
Other Business:				
Address:				
Daytime phone:		Mobile:		
Fax:		Registration/Qualification:		
Email:				

SECTION 8

ATTACHMENTS

The following plans and specifications are attached to this application:

Property Information Memorandum (PIM):	<input type="checkbox"/>	Producer Statement:	<input type="checkbox"/>	Evidence of Ownership:	<input type="checkbox"/>
Development Contribution Notice:	<input type="checkbox"/>	Fire Design Analysis:	<input type="checkbox"/>	Certificate attached to PIM:	<input type="checkbox"/>
Plans and specifications x 2 copies: (please list)	<input type="checkbox"/>	Building pre-inspection report for relocatable building			
Other: (please list)	<input type="checkbox"/>				

SECTION 9

OWNER DECLARATION

(I request that you issue a BC and/or PIM for the building work described in this application)

Owner name:					
Authority to act as agent	I authorise the agent named to sign and act on my behalf in all matters in relation to this building consent	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Owner Signature:		Date:			
Agent name:					
Agent signature:		Date:			

SECTION 10
BUILDING CODE COMPLIANCE
CLAUSE
(Identify which clauses will be involved in the building work)
MEANS OF COMPLIANCE
(Refer to relevant compliance document(s) or detail of alternative solution in the plans and specifications)
Please tick appropriate box(es)

<input type="checkbox"/> B1 – Structure	<input type="checkbox"/> B1/AS1	<input type="checkbox"/> B1/AS2	<input type="checkbox"/> B1/VM1	<input type="checkbox"/> B1/VM2
	<input type="checkbox"/> NZS3604	<input type="checkbox"/> NZS4229	<input type="checkbox"/> NZS4203	
<input type="checkbox"/> B2 – Durability	<input type="checkbox"/> B2/AS1	<input type="checkbox"/> B2/VM1	<input type="checkbox"/> NZS3604	<input type="checkbox"/> NZS3602
	<input type="checkbox"/> NZS3101			
<input type="checkbox"/> C1 to C6 – Fire	<input type="checkbox"/> C1/AS1	<input type="checkbox"/> C1/AS2	<input type="checkbox"/> C1/AS3	<input type="checkbox"/> C1/AS4
	<input type="checkbox"/> C1/AS5	<input type="checkbox"/> C1/AS6	<input type="checkbox"/> C1/AS7	<input type="checkbox"/> C1/VM1
	<input type="checkbox"/> C1/VM2			
<input type="checkbox"/> D1 – Access Routes	<input type="checkbox"/> D1/AS1	<input type="checkbox"/> D1/VM1	<input type="checkbox"/> NZS4121	
<input type="checkbox"/> D2 – Mechanical Installations for access	<input type="checkbox"/> D2/AS1	<input type="checkbox"/> D2/AS2	<input type="checkbox"/> D2/AS3	<input type="checkbox"/> D2/VM1
	<input type="checkbox"/> D2/VM2	<input type="checkbox"/> D2/VM3	<input type="checkbox"/> NZS4332	<input type="checkbox"/> EN81
	<input type="checkbox"/> EN115			
<input type="checkbox"/> E1 – Surface water	<input type="checkbox"/> E1/AS1	<input type="checkbox"/> E1/VM1	<input type="checkbox"/> AS/NZS3500.3	
<input type="checkbox"/> E2 – External moisture	<input type="checkbox"/> E2/AS1	<input type="checkbox"/> E2/AS2	<input type="checkbox"/> E2/AS3	<input type="checkbox"/> E2/VM1
<input type="checkbox"/> E3 – Internal moisture	<input type="checkbox"/> E3/AS1	<input type="checkbox"/> E3/VM1		
<input type="checkbox"/> F1 – Hazardous agents on site	<input type="checkbox"/> F1/AS1	<input type="checkbox"/> F1/VM1		
<input type="checkbox"/> F2 – Hazardous building materials	<input type="checkbox"/> F2/AS1	<input type="checkbox"/> F2/VM1	<input type="checkbox"/> NZS4223	
<input type="checkbox"/> F3 – Hazardous substance etc	<input type="checkbox"/> F3/VM1			
<input type="checkbox"/> F4 – Safety from falling	<input type="checkbox"/> F4/AS1	<input type="checkbox"/> F4/VM1	<input type="checkbox"/> FSP ACT	
<input type="checkbox"/> F5 – Construction and Demolition hazards	<input type="checkbox"/> F5/AS1	<input type="checkbox"/> F5/VM1		
<input type="checkbox"/> F6 – Lighting for emergency	<input type="checkbox"/> F6/AS1	<input type="checkbox"/> F6/VM1		
<input type="checkbox"/> F7 – Warning systems	<input type="checkbox"/> F7/AS1	<input type="checkbox"/> F7/VM1	<input type="checkbox"/> AS/NZS1668	<input type="checkbox"/> NZS4512
	<input type="checkbox"/> NZS4515	<input type="checkbox"/> NZS4514	<input type="checkbox"/> NZS4541	
<input type="checkbox"/> F8 – Signs	<input type="checkbox"/> F8/AS1	<input type="checkbox"/> F8/VM1		
<input type="checkbox"/> G1 – Personal hygiene	<input type="checkbox"/> G1/AS1	<input type="checkbox"/> G1/VM1	<input type="checkbox"/> NZS4121	
<input type="checkbox"/> G2 – Laundering	<input type="checkbox"/> G2/AS1	<input type="checkbox"/> G2/VM1		
<input type="checkbox"/> G3 – Food preparation etc	<input type="checkbox"/> G3/AS1	<input type="checkbox"/> G3/VM1		
<input type="checkbox"/> G4 – Ventilation	<input type="checkbox"/> G4/AS1	<input type="checkbox"/> G4/VM1	<input type="checkbox"/> AS1668.2	
<input type="checkbox"/> G5 – Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/> G5/VM1		
<input type="checkbox"/> G6 – Airborne and impact sound	<input type="checkbox"/> G6/AS1	<input type="checkbox"/> G6/VM1		
<input type="checkbox"/> G7 – Natural light	<input type="checkbox"/> G7/AS1	<input type="checkbox"/> G7/VM1		
<input type="checkbox"/> G8 – Artificial light	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> G8/VM1	<input type="checkbox"/> NZS6703	
<input type="checkbox"/> G9 – Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> G9/VM1		
<input type="checkbox"/> G10 – Piped services	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> G10/VM1	<input type="checkbox"/> NZS5201	
<input type="checkbox"/> G11 – Gas as an energy source	<input type="checkbox"/> G11/AS1	<input type="checkbox"/> G11/VM1		
<input type="checkbox"/> G12 – Water supplies	<input type="checkbox"/> G12/AS1	<input type="checkbox"/> G12/AS2	<input type="checkbox"/> G12/VM1	<input type="checkbox"/> AS/NZS3500.1
	<input type="checkbox"/> AS/NZS3500.4			
<input type="checkbox"/> G13 – Foul water	<input type="checkbox"/> G13/AS1	<input type="checkbox"/> G13/AS2	<input type="checkbox"/> G13/AS3	<input type="checkbox"/> G13/VM1
	<input type="checkbox"/> G13/VM2	<input type="checkbox"/> G13/VM4	<input type="checkbox"/> AS/NZS3500.2	
<input type="checkbox"/> G14 – Industrial liquid waste	<input type="checkbox"/> G14/AS1	<input type="checkbox"/> G14/VM1		
<input type="checkbox"/> G15 – Solid waste	<input type="checkbox"/> G15/AS1	<input type="checkbox"/> G15/VM1		
<input type="checkbox"/> H1 – Energy	<input type="checkbox"/> H1/AS1	<input type="checkbox"/> H1/VM1		

ALTERNATIVE SOLUTIONS <i>(Please provide details below)</i>						
WAIVER and/or MODIFICATION REQUIRED <i>(State nature of waiver and/or modification of building code required)</i>						
SECTION 11						
COMPLIANCE SCHEDULE						
<i>(Ignore this section if this is an application for a Property Information Memorandum only)</i>						
Please tick the relevant box(es) to show which systems are included, or to be included in the building project						
SPECIFIED SYSTEMS (SS)				EXISTING	NEW or MODIFIED	REMOVED
Is there an existing Compliance Schedule?			CS No			
There are no specified systems in the building			<input type="checkbox"/>			
SS01	Automatic systems for fire suppression (eg sprinkler system)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS02	Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and serves only that unit)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS03	Electromagnetic or automatic doors or windows (eg ones that close on fire alarm activation)					
	03.1 Automatic doors			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03.2 Access controlled doors			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03.3 Interface fire or smoke doors or windows			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS04	Emergency lighting systems			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS05	Escape route pressurisation systems			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS06	Rise mains for fire services use			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS07	Automatic back-flow prevention device connected to potable water supply			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS08	Lifts, escalators or travelators or other systems for moving people or goods within buildings					
	08.1 Passenger – carrying lifts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08.2 Service lifts including dumb waiters			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08.3 Escalators and moving walks			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS09	Mechanical ventilation or air conditioning systems					
	09.1 Cooling tower as part of an air conditioning system			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	09.2 Cooling tower as part of a processing plant (not a Specified System)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS10	Building maintenance units for providing access to the exterior and interior walls of buildings			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS11	Laboratory fume cupboards			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12	Audio loops or other assistive listening systems					
	12.1 Audio loops			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.2 FM radio frequency systems and infrared beam transmissions systems			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13	Smoke control systems					
	13.1 Mechanical smoke control			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13.2 Natural smoke control			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13.3 Smoke curtains			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3	Owner	YES	NO
•	Name of Owner The person, people, company or organisation shown as the owner on the Certificate of Title or another person, company or organisation who is entitled to charge rent for the property	<input type="checkbox"/>	<input type="checkbox"/>
•	Contact Person Only complete this section if the owner is a company or organisation and where you need to nominate a contact person	<input type="checkbox"/>	<input type="checkbox"/>
•	Evidence of Ownership The most common evidence of ownership is a Certificate of Title. This can be obtained from Land Information New Zealand (LINZ) on 0800 665 463. The Certificate of Title must be less than three months old. Where this is not provided with the application, Council will print one at a cost to the applicant per Certificate of Title.	<input type="checkbox"/>	<input type="checkbox"/>
4	Agent	YES	NO
•	Relationship to Owner Someone who has been engaged by the owner, ie Builder, Architect, Designer, Plumber, etc	<input type="checkbox"/>	<input type="checkbox"/>
•	First Point of Contact Identify who you would like the Council to liaise with in regards to application	<input type="checkbox"/>	<input type="checkbox"/>
5	Project	YES	NO
•	Description of Building Work Clearly describe the work planned. The more details you provide the better, ie Installation of a new Inbuilt Fire model Wee Ped with Wetback. Wetback open vented, temper valve, area of freezing insulation of vent and cold water expansion valve system to be installed	<input type="checkbox"/>	<input type="checkbox"/>
•	Intended life of Building if less than 50 Years The life of a building is usually indefinite (not less than 50 years). If you intend to remove the building work before that time, then state the life of the building work.	<input type="checkbox"/>	<input type="checkbox"/>
•	Will the Building Work Result in a Change of Use of the Building If the use of all or part of the building will change then a "Change of Use" will occur. You will need to provide details of the new use of the building or parts of the building. The change of use provisions also relate to the establishment of a household unit where one did not exist before.	<input type="checkbox"/>	<input type="checkbox"/>
•	List of Building Consent(s) previously Issued Applies to projects that are being carried out in stages. You must give details of Building Consents previously issued – consent numbers, year of issue and current status	<input type="checkbox"/>	<input type="checkbox"/>
•	Estimated Value of Building Work The estimate must include the value of – materials, including the value of salvaged materials, fees charged for design, builders, plumbers and other contractor charges at normal commercial rates, owner's own labour at normal commercial rates, project manager's charges and GST	<input type="checkbox"/>	<input type="checkbox"/>
6	Property Information Memorandum	YES	NO
•	PIM Application Only complete this section if you are applying for a PIM only	<input type="checkbox"/>	<input type="checkbox"/>
7	Attachments	YES	NO
•	Plans and Specifications attached Please indicate and check that all required documentation and two copies are attached to application	<input type="checkbox"/>	<input type="checkbox"/>
•	Building report for relocatable building The District Plan requires an application for a relocatable building to be accompanied by a building pre-inspection report	<input type="checkbox"/>	<input type="checkbox"/>
8	Declaration	YES	NO
•	Signature The Council is unable to accept the application if the application form is not signed and dated. Please ensure this is completed	<input type="checkbox"/>	<input type="checkbox"/>
9	Building Consent Application Deposit	YES	NO
•	Deposit Only Application will not be accepted if deposit is not attached. The final cost will be advised once application is issued.	<input type="checkbox"/>	<input type="checkbox"/>
10	Building Practitioner	YES	NO
•	Building Practitioner Nominated contractors who will complete the building work and/or Plans and Specifications	<input type="checkbox"/>	<input type="checkbox"/>
•	LBP Number The designers LBP number is required upon lodging application. Is the designers LBP number and Design Memorandum attached	<input type="checkbox"/>	<input type="checkbox"/>

11	Building Code Compliance	YES	NO
	<ul style="list-style-type: none"> Means of Compliance Requires you to state how you will comply with the requirements of each of the clauses of the Building Code that relates to your project. For complex projects, we recommend you seek professional advice when completing this section as it requires a sound knowledge of the building code. For simple residential buildings and installation of fires, we have prepared some guidance notes that are attached (Section 14) Waiver and/or Modification Please identify what parts of the code you wish to waive or modify and provide detailed information with application 	<input type="checkbox"/>	<input type="checkbox"/>
12	Compliance Schedule	YES	NO
	<ul style="list-style-type: none"> Compliance Schedule A Compliance Schedule is required for buildings that have systems or features that need regular maintenance and checking to ensure the health and safety of the building users is protected. <p>These systems and features are listed in a Compliance Schedule for the building and the building owner must issue a Building Warrant of Fitness confirming that the systems have been checked and are operating correctly.</p> <p>You must complete this section if the building has any systems or features that require a Compliance Schedule.</p> <p>A single residential building does not require a compliance schedule unless a cable car is attached.</p> <p>If you are applying for a PIM only, you are not required to complete this section.</p>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 13			
MEANS OF COMPLIANCE GUIDELINE			
1	Installation of a Free Standing and/or Inbuilt Fire		
	<ul style="list-style-type: none"> B1 Structure B1/AS1 With alterations to framing for the flue penetrations complying with NZS3604 B2 Durability B2/AS1 Important where second-hand fires or flues are to be reused C2 Outbreak of Fire Manufacturers usually test their appliances to NZS2918 E2 External Moisture E2/AS1 for the flashing of the flue and penetration F7 Warning Systems Installation of smoke alarms 		
2	Construction of a Deck over 1.5 metre high with Access Stairs		
	<ul style="list-style-type: none"> B1 Structure B1/AS1 construction and framing generally complies with NZS3604 or where the deck is over 3m high, specifically engineer designed using NZS4203. B1/AS2 for timber barriers. Other barriers require specific engineering design to NZS4203 B2 Durability B2/AS1 with timber members treated in accordance with NZS3602 and fixings to NZS3604 D1 Access Routes D1/AS1 for stair dimensions, slip resistance and handrails E2 External Moisture E2/AS1 particularly detailing the junction between deck and house F4 Safety from Falling F4/AS1 as an area frequented by children under 4 years. Note decks over 1.5m high require consent 		
3	Construction of a Garage or other Non-Habitable Accessory Building		
	<ul style="list-style-type: none"> B1 Structure B1/AS1 with timber construction to NZS3604 masonry construction to NZS4229 or specific design to NZS4203. Proprietary garages are specifically designed. B2 Durability B2/AS1 with timber treated to NZS3602 and fixings to NZS3604. Cladding used as bracing in proprietary garages is required to be durable for the life of the building. E1 Surface Water E1/AS1 for storm water drainage, using E1/VM1 where discharge to a soak pit is proposed. Show drainage from paved driveways E2 External Moisture E2/AS1 for ground clearances and sizing of downpipes 		
4	Construction of a New House		
	<ul style="list-style-type: none"> B1 Structure B1/AS1 With timber construction to NZS3604, masonry construction to NZS4229 or specific design, including steel stud and composite panels, to NZS4203 B2 Durability B2/AS1 with timber treated to NZS3602, fixings to NZS3604 and flashings/claddings to E2/AS1 D1 Access Routes D1/AS1 for stair dimensions, slip resistance and handrails. All external stairs to meet the provisions of "Main/Common Stairway" E1 Surface Water E1/AS1 for storm water drainage E2 External Moisture E2/AS1 for risk assessment, cladding materials and details, and sizing gutters and downpipes E3 Internal Moisture E3/AS1 for wet area finishes and ventilation to prevent fungal growth 		

- **F4 Safety from Falling** F4/AS1 for balustrades to any sudden changes level (eg decks, stairwell voids etc) appropriate for children under 4 years
- **F7 Warning Systems** AS1 Smoke alarms
- **G1 Personal Hygiene** G1/AS1 sanitary facilities to be provided
- **G2 Laundering** G2/AS1 for household units for more than 2 people
- **G3 Food Preparation** G3/AS1
- **G4 Ventilation** G4/AS1 covers natural ventilation (through opening windows) or mechanical ventilation
- **G7 Natural Light** G7/AS1 provides for natural light and visual awareness of the outside to all habitable spaces
- **G9 Electricity** G9/AS1 for electrical installations by registered electricians. Energy work certificates are required at completion
- **G11 Gas as an Energy Source** G10/AS1 Energy work certificates are required at completion
- **G12 Water Supplies** G12/AS1 or AS/NZS3500
- **G13 Foul Water** AS/NZS3500, or G13/AS1 for sanitary plumbing and G13/AS2 for foul water (sewer) drainage
- **H1 Energy Efficiency** H1/AS1 via NZS4218 for insulation

OFFICE USE ONLY (To be completed by Council ONLY)

Residential/Commercial Construction		Yes	No	NA
1	Quality of plans acceptable (<i>graph paper, pencil and single line drawings not acceptable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Specifications relevant and comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are all trade sections nominated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the LPB number provided along with the Design Memorandum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are materials scheduled (<i>timber schedule to include grade, treatment, size and spacing</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is a lintel schedule provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is a door and glazing schedule provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are standards nominated (<i>eg NZS 3602,3603, 3604, 3605, 3631</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Site plan – contours, datum, floor levels nominated, with measurements to boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Dimensioned floor plans provided for each level showing existing and proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	All rooms clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Relevant elevations shown and complete with window ventilation and cladding detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	2 cross sections been provided (one for garages and outbuildings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Plumbing/drainage/storm water layout provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Have effluent disposal system details and plans been provided (from approved effluent designer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Footings/foundation details provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Slab layout/foundation details provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Pile plan and subfloor framing layout provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Roof framing and bracing layouts provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Bracing schedule provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Roof truss layout provided and accompanied by design certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Truss/purlin fixing requirements and location nominated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Electrical plan provided (not mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Weather tightness matrix provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Exterior cladding and flashing details provided and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Smoke detectors shown on plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Specific engineering design calculations and details provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Producer statements provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Has liquefaction or ground shaking been identified for this property in the District Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Construction Only		Yes	No	NA
30	Fire safety analysis provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Compliance with access and facilities for people with disabilities provisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Certificate of Public Use required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Specified systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Crossings				Yes	No	NA
34	Existing vehicle crossing details provided			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	New crossing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Distances to boundaries and width of the crossing provided			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declaration				Yes	No	NA
37	Are all sections of the application form completed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Specified Systems correctly identified in Section 11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	2 copies of plans and specifications and all associated documentation been provided			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Is the building listed on an historic site in the District Plan			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Relocatable building pre-inspection report			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Liquifaction/ground shaking letter sent?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Vetting completed and application accepted			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Reason for decision – correct information provided			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Vetting completed and application incomplete			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reason for decision – noted below:					
				Yes	No	NA
46	Application sent back to Agent/Owner	Dated:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Vetting Officer:						
Signature:			Date:			