

Building Consent Or PIM No:

Valuation or Property No:



35 Coles Crescent
 Private Bag 7
 Papakura,
 New Zealand
 Telephone: (09) 295 1300
 Facsimile: (09) 298 1906
 www.papakura.govt.nz

Application For / Amendment To Compliance Schedule

Section 106, Building Act 2004

<p>The Building:</p> <p>Street Address:</p> <p style="padding-left: 40px;">.....</p> <p>Legal Description: Lot:</p> <p style="padding-left: 40px;">DP:</p> <p>Building Name: [If applicable]</p> <p>.....</p> <p>Location within site/block:</p> <p>.....</p> <p>Number of levels:</p> <p>Level/Unit No: [If applicable]</p> <p>Current lawfully established use:</p>	<p>The Owner:</p> <p>Name:</p> <p>Contact Person:</p> <p>Mailing Address:</p> <p>.....</p> <p>Street Address:</p> <p>.....</p> <p>Ph: Mob:</p> <p>Fax: After hrs:</p> <p>Email:</p> <p>Website:</p>
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Agent [Delete if not applicable]	
Name:	Contact person:
Address:	Mailing Address:
.....
Hm: Wk:	Email:
Mob: AH:	Website:
Fax:	
Relationship with owner:	

The following evidence of ownership is attached to this application: [Delete as applicable]

- I. Certificate of Title
- II. Lease Agreement
- III. Agreement for Sale and Purchase
- IV. Other as specified:

First point of contact for communications with the council/building consent authority shall be: [Delete one]

- I. The owner
- II. The Agent

Application:

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

<u>Compliance Schedule:</u>	
The specified systems and features required to be amended for this building are as follows: [✓]	
<input type="checkbox"/> Automatic Sprinkler Systems	<input type="checkbox"/> Automatic Fire Doors
<input type="checkbox"/> Emergency Warning Systems	<input type="checkbox"/> Emergency Lighting Systems
<input type="checkbox"/> Escape Route pressurisation systems	<input type="checkbox"/> Riser mains for Fire Service use
<input type="checkbox"/> Backflow preventers	<input type="checkbox"/> Lifts, escalators, travelators or other systems
<input type="checkbox"/> Mechanical ventilation and air conditioning	<input type="checkbox"/> Other mechanical, electrical, hydraulic or electronic systems
<input type="checkbox"/> Building maintenance units	<input type="checkbox"/> Signs as required by the Building Act or Code
<input type="checkbox"/> Means of escape	<input type="checkbox"/> Safety barriers
<input type="checkbox"/> Access & facilities for people with disabilities	<input type="checkbox"/> Fire Hose reels
<input type="checkbox"/> Signs as per Section 25 of the Disabled Person Community Welfare Act 1975	

Attachments:

Copy of existing compliance schedule (if applicable)

Other:

Signature of owner or agent on behalf of and with the authority of the owner

Name:

Date: