

## Application for Code Compliance Certificate

### Section 92, Building Act 2004

Send or deliver your application to: Upper Hutt City Council, Private Bag 907,  
838 – 842 Fergusson Drive, Upper Hutt. For enquiries, phone 527 2169..

### The Building Consent

**Building Consent Number:**

**Issued by:**

### The Owner

**Name of Owner:** *[include preferred form of title, eg, Mr, Miss, Dr, if an individual]*

**Contact Person:** *[only required if different from owner]*

**Mailing address:**

**Street address/Registered office:**

**Contact details:**

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

Daytime: \_\_\_\_\_

After hours: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Email: \_\_\_\_\_

Please attach one of the following as evidence of ownership to this application:

copy of certificate of title,  lease,  agreement for sale and purchase,  or other document no older than 3 months showing full name of legal owner(s) of the building

### Agent

**Name of Agent:** *[only required if application is being made on behalf of the owner]*

**Contact Person:**

**Mailing address:**

**Street address/Registered office:**

**Contact details:**

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ After hours: \_\_\_\_\_  
 Facsimile number: \_\_\_\_\_ Email: \_\_\_\_\_

**Relationship to Owner:** *[state details of the authorisation from the owner to make the application on the owner's behalf]*

**First point of contact**

*[if different from Owner or Agent]*

**Name of contact:****Mailing address:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Street address/Registered office:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contact details:**

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ After hours: \_\_\_\_\_  
 Facsimile number: \_\_\_\_\_ Email: \_\_\_\_\_

**Application**

*All building work to be carried out under the above building consent was completed on*

*The personnel who carried out the building work are as follows:*

**Concreter:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Joiner:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Tanking applicator:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Plasterer/textured coater:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Gasfitter:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_

**Electrician:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_

**Plumber:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_

**Drainlayer:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_

**Carpenter:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_

**Brick/Block layer:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_

**Deck/roof membrane applicator:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Roofer:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Concealed fascia installer:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Others:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

## Compliance Schedule

*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 standards set on in the building consent:*

There are no specified systems in the building

Cable Car (including to individual dwelling)

Automatic systems for fire suppression (for example, sprinkler systems)

Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation)

Automatic or manual emergency warning systems for fire or other dangers

Emergency lighting systems

Escape route pressurisation systems

Riser mains for Fire Service use

Any automatic back-flow preventer connected to a potable water supply

Lifts, escalators, travelators or other systems for moving people or goods within buildings

Mechanical ventilation or air-conditioning systems

Means of escape from fire

Building maintenance units for providing access to the exterior and interior walls of buildings

Emergency power systems for, or signs relating to, a system or feature specified

Safety barriers

Means of access and facilities for use by persons with disabilities which meet the requirements of section 118

Hand-held hose reels for fire fighting

Such signs as are required by the Building Code or by section 120

Laboratory fume cupboards

Audio loops or other assistive listening systems

Smoke control systems

I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004.

**The code compliance certificate should be sent to:** *[state which address, and whether owner or agent]*

\_\_\_\_\_  
\_\_\_\_\_

**Signed by the owner OR**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Signed by the agent** *[on behalf of, or with authority from, the owner]*

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachments

**The following documents are attached to this application:**

- Certificates from the personnel who carried out the work
- Certificates that relate to the energy work
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent