

Application for a Certificate of Acceptance

Building Act 2004, Section 97

Send or deliver your application to: Building Consents Division
Upper Hutt City Council, 838-842 Fergusson Drive, Upper Hutt

Private Bag 907, Upper Hutt 5018
For enquiries, phone (04) 5272 169.

Council use only:
CA:

Council use only:
Assessment:

PART 1 – APPLICATION

Certificate of Acceptance to be mailed collected

First point of contact Owner Agent

Invoice to be addressed to owner agent

The Building (project location)

Street address of building:

Legal description of land where building is located:
(Legal description as at the date of application)

Building name: *(If applicable)*

Location of building within site:

Number of levels: *(include ground level and any levels below ground)*

Level/Unit Number:

Area:
Existing floor area: _____
New floor area: _____
Total floor area: _____

Current, lawfully established use:

Year first constructed:

PART 2 – THE PROJECT

Description of the building work:

Did the building work result in a change of use of the building: Yes/No
If yes, provide details of new use:

Date building work carried out:
.....

Estimated value of the building work on which the building levy will be calculated. *(the estimate is to include labour, materials & tax)*
\$ _____

Intended life of the building if less than 50 years:
.....yrs.
List building consents previously issued for this project:

Certificate of Acceptance

Reasons why a certificate of acceptance is required: Tick boxes applicable

The owner, or the owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: *(Explain in detail)*

A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: *(Delete the following)*

(a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: *(Explain in detail)*

(b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: *(explain in detail)*

The building consent authority that granted the building consent is unable or refuses to issue a code compliance in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work : *(State details of name of building consent authority and building consent granted)*

Attachments

The following documents are attached to this application:

- Project information memorandum
- Plans and specifications
- Certificates from personnel who carried out the building work
- Energy work certificate
- Certificate from personnel who supervised the building work
- Investigatory Reports

The Owner *(must be completed for all applications and all details must be the owner's)*

Name of owner and/or company:

Owners address:

Owner's contact details:

Landline: _____ Mobile: _____

Email: _____

Proof of ownership: *(Please attach one of the following as evidence, as appropriate)*

Copy of Certificate of Title, no more than 3 months old

Lease or sales and purchase agreement

Rate accounts bill for internal building work

The Owner's Agent or First Point of Contact *(only required if application is being made on behalf of the owner)*

Name of agent:

Contact persons name if business:

Agent's mailing address:

Street address/Registered office:

Agent's contact details:

Landline: _____

Mobile: _____

Facsimile number: _____

Email address: _____

Privacy Information

Please do not include my details in the building consent list mailed out to third parties

The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information.

Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

I request that you issue a certificate of acceptance for the building work described in this application.

Signed by the owner:

Signature: _____

Name: _____

Date: _____

Signed by the agent:

Signature: _____

Name: _____

Date: _____

Officer Use Only:

Invoice Number: _____

Application Officer: _____

BUILDER:

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

Registration: _____

DESIGNER:

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

Registration: _____

DRAINLAYER:

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

Registration: _____

PLUMBER:

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

Registration: _____

GASFITTER:

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

Registration: _____

ELECTRICIAN:

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

Registration: _____

STRUCTURAL ENGINEER:

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

Registration: _____

OTHER:

Business/Name: _____

Address: _____

Daytime: _____ Mobile: _____

Registration: _____

The building work will comply with the Building Code as follows:

Clause Which of the following clauses will be involved in the proposed work?	Means of Compliance Refer to the relevant compliance documents(s) or detail of alternative solution in the plans and specifications	Proposed Inspections State means of inspection. Note Ps4s or certification may be required
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS2 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS4203 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS 3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other
<input type="checkbox"/> C1-4 Fire	<input type="checkbox"/> C1/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other
<input type="checkbox"/> D1 Access route	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> ZS 4121 <input type="checkbox"/> NZS4121 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other
<input type="checkbox"/> D2 Mechanical installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS 4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115 <input type="checkbox"/> Other_____	<input type="checkbox"/> Engineer <input type="checkbox"/> Other
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> NZS 3500.3 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design and testing	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> F2 Hazardous building material	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS 4223 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> F3 Hazardous substances etc.	<input type="checkbox"/> F3/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> F6 Lighting for emergency	<input type="checkbox"/> F6/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> F7 Warning system	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> AS/NZS1668 <input type="checkbox"/> NZS4512 <input type="checkbox"/> NZS4515 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G6 Airborne and impact sound	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other

The building work will comply with the Building Code as follows: (Continued)		
Clause Which of the following clauses will be involved in the proposed work?	Means of Compliance Refer to the relevant compliance documents(s) or detail of alternative solution in the plans and specifications	Proposed Inspections State means of inspection. Note Ps4s or certification may be required
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS 6703 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1 <input type="checkbox"/> Other_____	By Certification only
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS 5261 <input type="checkbox"/> Other_____	By Certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Other_____	By Certification only
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.1 <input type="checkbox"/> NZ3500.4 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> BS5572 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> G15 Solid Waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS 4218 <input type="checkbox"/> NZS4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> NZS 4214 <input type="checkbox"/> Other_____	<input type="checkbox"/> Council <input type="checkbox"/> Other

Waiver/Modification to NZ Building Code required for following parts of code:

Compliance Schedule

The following specified systems are existing, being altered, added to, or removed in the course of the building work					
<input type="checkbox"/> There are no specified systems in the building	Existing	New	Altered	Added	Removed
SS1 Automatic systems for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS2 Automatic or manual emergency warning systems for fire or other danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS3 Electromagnetic or automatic doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS4 Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS5 Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS6 Riser mains for use by fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS7 Automatic back-flow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS8 Lifts, escalators, travelators, or other systems for moving people or goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS9 Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS10 Building maintenance units providing access to exterior and interior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS11 Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13 Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14 Emergency power systems for, or signs relating to, a system or features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15 Other fire safety systems or features (systems for communicating information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS16 Cable cars (including Residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address where compliance schedule will be held:

The maximum number of occupants that the building is designed for is:

Independent Qualified Person/Agent assigned to carry out inspections:

Name/Company: _____ IQP number: _____

Daytime: _____ Mobile: _____ Email: _____