

# APPLICATION FOR PROJECT INFORMATION MEMORANDUM and/or BUILDING CONSENT

Section 33 or Section 45, Building Act 2004

I request that you issue a  
 Building Consent & PIM  
 Building Consent Only  
 PIM Only  
 For the building work described  
 in this application



Consent No: .....

**The Owner**

Under Section 33 or 45 of the Building Act 2004, the applicant must be the owner of the land on which building work is contemplated or a person who or which has agreed in writing, whether conditionally or unconditionally, to purchase the land or any leasehold estate or interest in the land, or to take a lease of the land, while the agreement remains in force.

Full Name(s): .....

Contact Person: .....

Postal Address: .....

Daytime Contact Phone: .....

Cell Phone: .....Fax: .....

Email: .....

Evidence of Ownership: CT  Other .....

**The Building**

Project Location (street address): .....

**Legal Description**

Valuation Number: .....

Lot: ..... DP: .....

Section: ..... Block: .....

Survey District: .....

**If an Existing Building**

Building Name: .....

Number of Levels: .....

Level/Unit Number: .....

Current, lawfully established use: *(include number of occupants per level and per use if more than one e.g. boarding house, domestic dwelling, hotel, motel, office, commercial)* .....

Year first constructed: .....

*(approx date is acceptable eg.c1920, or 1960-1970)*

**Project**

New or Relocated Building     Alteration  
 Heating Appliance         Addition  
 Demolition                       Change of Use

Detailed Description of Intended Work: .....

Intended Use: *(eg domestic dwelling, hotel, motel office)* .....

..... Is this a change of use?  Y  N

**Estimated Value of Work (incl GST): \$** .....

The value of building work shall be the aggregate of values, determined in accordance with Section 10 of the Goods and Services Tax Act 1985, on all goods and services to be supplied for that building work.

Intended Life:             Indefinite (but not less than 50 years)  
                                    Specified as ..... years

Floor Area (m2):        Existing .....

                                  Ground Floor .....

                                  First Floor .....

                                  Garage .....

                                  Area of Addition .....

                                  Total Floor Area .....

Tick if this project includes any of the following:  
 Septic Tank                       Solar Hot Water  
 Rainwater Tank                 Heating Appliance

**Heater Details**

Are you removing an existing fire?                       Y  N  
 If yes, what room and what type: .....

Have you shown position of smoke alarms?  Y  N

New Unit                               Second Hand Unit  
 Free Standing Unit                 Inbuilt Unit  
 Wetback

If wetbacked, is the hot water cylinder open vented?  Y  N  
 Provide details of tempering valve location.

**Fuel Type**  
 Multifuel                               Diesel  
 Wood                                       Other

Make/Model of Unit: .....

.....  
 Signed by or on behalf of the Owner                      Date

**Agent**

Full Name(s): .....  
Contact Person: .....  
Postal Address: .....  
.....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Fax: .....  
Email: .....  
Relationship to Owner: .....  
(State details of the authorisation from the owner to make the application on the owner's behalf)

**Builder**

Full Name(s): .....  
Company: .....  
Postal Address: .....  
.....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Fax: .....  
Email: .....  
Signature: .....

**Certifying Plumber and/or Certifying Drainlayer**

Full Name(s): .....  
Company: .....  
Postal Address: .....  
.....  
Registration Number: .....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Email: .....  
Signature: .....

**Architect**

Full Name(s): .....  
Company: .....  
Postal Address: .....  
.....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Fax: .....  
Email: .....

**Engineer**

Full Name(s): .....  
Postal Address: .....  
Registration No: .....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Fax: .....  
Email: .....

**Certifying Gasfitter**

Full Name(s): .....  
Postal Address: .....  
Registration No: .....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Fax: .....  
Email: .....

**Electrician**

Full Name(s): .....  
Postal Address: .....  
Registration No: .....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Fax: .....  
Email: .....

**LBP/Other**

Full Name(s): .....  
Postal Address: .....  
.....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Registration Number: .....  
Email: .....

**Other**

Full Name(s): .....  
Postal Address: .....  
.....  
Daytime Contact Phone: .....  
Cell Phone: .....  
Fax: .....  
Email: .....

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

<b>Clause</b> <i>Tick relevant clause No. of Building Code</i>	<b>Means of Compliance</b> <i>Refer to relevant compliance documents or detail or alternative solution in plans/specifications</i> <b>Acceptable Solutions</b>	<b>Waiver/Modification required</b> <i>State nature of waiver or modification of building code</i>
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS2 <input type="checkbox"/> B1/AS3 <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS1170 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> C1 Outbreak of fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> NZS 2918 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> C2 Means of escape	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> C3 Spread of fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> C4 Structural stability during fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS4121 <input type="checkbox"/> Alternative Solution	
<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"/> NZS4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZS3500.3 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design & testing <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS4223 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F3 Hazardous substances and processed	<input type="checkbox"/> F3/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F6 Lighting for emergency	<input type="checkbox"/> F6/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> NZS4512 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G3 Food preparation & prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G6 Airborne and impact sound	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS6703 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS5261 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.1 <input type="checkbox"/> AS/NZS3500.4 <input type="checkbox"/> G12/AS2 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> Alternative Solution <input type="checkbox"/> G13/AS3 <input type="checkbox"/> G13/VM4 <input type="checkbox"/> ASNZS 3500.2	
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4214 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> NZS4243 <input type="checkbox"/> Alternative Solution	
<input type="checkbox"/> BCH Back Country Hut	<input type="checkbox"/> BCH/AS1	
<input type="checkbox"/> SH Simple House	<input type="checkbox"/> SH/AS1	
<input type="checkbox"/> Multiproof	<input type="checkbox"/> Multi use Certificate No.	

## Council Use Only

	Y	N/A
Application Form Complete	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
Elevations	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plan (existing, proposed, new)	<input type="checkbox"/>	<input type="checkbox"/>
Truss Details	<input type="checkbox"/>	<input type="checkbox"/>
Producer Statement	<input type="checkbox"/>	<input type="checkbox"/>
Specification (job specific)	<input type="checkbox"/>	<input type="checkbox"/>
Heater Installation & Flue Details	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing & Drainage Plans	<input type="checkbox"/>	<input type="checkbox"/>
3 Complete Sets of Documents	<input type="checkbox"/>	<input type="checkbox"/>
PIM (transportable)	<input type="checkbox"/>	<input type="checkbox"/>

The above is satisfactory for this application to be accepted for processing:  Y  N Date: .....

First Point of Contact	Consent posted to
<input type="checkbox"/> Owner <input type="checkbox"/> Agent	<input type="checkbox"/> Owner <input type="checkbox"/> Agent

### Consent Fees

Building Consent	\$ .....
Accreditation Levy	\$ .....
BRANZ Levy	\$ .....
DBH Levy	\$ .....
Street Asset Deposit	\$ .....
Resource Consent	\$ .....
Other	\$ .....
Total Fee Payable	\$ .....

Receipt Number .....  
Cash/Chq/Eftpos/EB

Consent paid for by:  
 Owner  Agent  Other

	Checked	Date	NA
Building Control Department			
Plumbing and Drainage			
Roading Department			
Water/Utilities Department			
Parking Department			
Planning Department			
Fire Service			
External Engineer			

	Yes	No
Compliance Schedule Required	<input type="checkbox"/>	<input type="checkbox"/>
Section 37 Notice Required	<input type="checkbox"/>	<input type="checkbox"/>
Section 72 - 75 Notice Required	<input type="checkbox"/>	<input type="checkbox"/>

### Approved for Issue:

.....  
 Officers Signature Date

## Project Details

The project involves the following matters (*tick each applicable box, if any, and attach relevant information in triplicate*)

- Location in relation to legal boundaries
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater
- Precautions to be taken where building work is to take place over existing drains or sewers or in close proximity to wells or water mains
- Provisions to be made in the demolition work for the protection of public, suppression of dust, disposal of debris, disconnection from public utilities, and suppression of noise
- Any cultural heritage significance of the building or building site, including whether it is on a marae.

## Project Information Memorandum

- Subdivision
- Alterations to land contours
- New or altered connections to public utilities
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Other matters known to the applicant that may require authorisations from territorial authority (specify):

## Vehicle Access

Street Crossing	New <input type="checkbox"/>	Existing <input type="checkbox"/>
Rural Access	New <input type="checkbox"/>	Existing <input type="checkbox"/>
Rapid No. Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Utilities

New Water Connection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
New Sewage Connection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
New Stormwater Connection	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Compliance Schedule Details

Does this building have a Compliance Schedule?  Y  N  
*If yes, please supply your Warrant of Fitness and a copy of your Compliance Schedule.*

Is this an amendment to an existing Compliance Schedule?  Y  N  
*If yes, please complete and attach the Compliance Schedule Specified System Form.*

If no, do you require a new Compliance Schedule?  Y  N  
*If yes, please complete and attach the Compliance Schedule Specified System Form.*

The following documents are attached to this application:

- Plans & Specifications (*list*): .....
- Project Information Memorandum
  - Development Contribution Notice
  - Certificate attached to Project Information Memorandum