

FOR OFFICE USE ONLY	
Project No:	
Date Received:	

## Application for Code Compliance Certificate

Section 92, Building Act 2004

(Only complete items that are applicable to your project)

THE BUILDING CONSENT					
Building Consent Number:			Issued by: Grey District Council		
THE PROJECT					
Description of the Building work:					
Project Address:					
Legal Description of land where building is located:		Valuation Roll Number:			
Lot:		DP:			
Number of Levels (include ground level & any levels below ground):		Level/Unit No:		Total Floor Area: (all floors included)	
				Existing:	m <sup>2</sup> Add: m <sup>2</sup>
Current lawfully established use : (include number of occupants per level and per use if more than 1):					
Will the building work result in a change of use of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(Refer to Building (Specified Systems, Change of Use, and Earthquake-prone Buildings) Regulations 2005 if in doubt)					
THE OWNER					
Owner's Name (include preferred form of address e.g. Mr, Miss, Dr, if an individual):			Contact Person: (if owner is not an individual)		
Mailing/Billing Address:					
Street Address/Registered Office:				Post Code:	
E-mail Address:				Phone Day:	
Phone A'Hours:		Fax:	Mobile:		
Website:					
THE AGENT					
Agent's Name [only required if application is being made on behalf of the owner]:			Contact Person: (if Agent is not an individual)		
Mailing/Billing Address:					
Street Address/Registered Office:				Post Code:	
E-mail Address:				Phone Day:	
Phone A'Hours:		Fax:	Cellphone:		
Website:					

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

**FIRST POINT OF CONTACT FOR COMMUNICATIONS WITH THE COUNCIL / BUILDING CONSENT AUTHORITY**

Full name:

Mailing address:

Phone number(s):

Facsimile number(s)

Email address(es):

**APPLICATION**

**All building work to be carried out under the above building consent was completed on: DD/MM/YYYY**

**The licensed building practitioner(s) who carried out or supervised the restricted building work is/are as follows:** Provide the following details of ALL the Licensed Building Practitioners who carried out or supervised the design elements of the restricted building work AND those who will be involved in carrying out or supervising the restricted building work

Name	Licensing class	Licensing building practitioner number (or registration number if treated as being licensed under Section 291 of the Building Act 2004)	Particular work carried out or supervised

**Note:** Continue on another page if necessary

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

<b>Name of Builder:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Registered Plumber:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Registered Drainlayer:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Registered Gasfitter:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Engineer:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	

**Note:** Continue on another page if necessary

Are there any specified systems associated with this project?  Yes  No

The following specified systems are contained in the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:

Please list the systems applicable:

<input type="checkbox"/> SS1	<input type="checkbox"/> SS2	<input type="checkbox"/> SS3	<input type="checkbox"/> SS4
<input type="checkbox"/> SS5	<input type="checkbox"/> SS6	<input type="checkbox"/> SS7	<input type="checkbox"/> SS8
<input type="checkbox"/> SS9	<input type="checkbox"/> SS10	<input type="checkbox"/> SS11	<input type="checkbox"/> SS12
<input type="checkbox"/> SS13	<input type="checkbox"/> SS14	<input type="checkbox"/> SS15	<input type="checkbox"/> SS16

**Note:** Continue on another page if necessary

### SIGNATORY

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

Signature of owner / agent on behalf of and with the authority of the owner:

Signed By:

Date:

### REQUIRED ATTACHMENTS

The following documents are attached to this application:

- Other documents from the personnel who carried out the work
- Memoranda from licensed building practitioner(s) stating what restricted building work they carried out or supervised
- Certificates that relate to the energy work
- Evidence that specified systems are capable or performing to the performance standards set out in the building consent
- All required documents listed on the issued Form 5 Building Consent