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| FOR OFFICE USE ONLY | |
| Project No: | |
| Date Received: | |

**Application for Project Information Memorandum
 and/or Building Consent**

Section 33 or Section 45, Building Act 2004

(Only complete items that are applicable to your project)

| THE BUILDING | | | |
|---|-------------------------|--|--|
| Street address of building (or Rapid No if applicable): <i>[for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection]</i> | | Building Name (if applicable): | |
| Location of building within site/block number <i>(include nearest street address)</i> : | | | |
| Legal Description of land where building is located: Lot: DP: | Valuation Roll Number: | | |
| Number of Levels <i>(include ground level & any levels below ground)</i> : | Level/Unit No: | Total Floor Area: (all floors included) | |
| | | Existing: m ² | Add: m ² |
| Current lawfully established use <i>(include number of occupants per level and per use if more than 1)</i> : | Year first constructed: | | |
| THE OWNER | | | |
| Owner's Name <i>(include preferred form of address e.g. Mr, Miss, Dr, if an individual)</i> : | | Contact Person: <i>(if owner is not an individual)</i> | |
| 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 <i>[only required if application is being made on behalf of the owner]</i> : | | Contact Person: <i>(if Agent is not an individual)</i> | |
| 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

I request that you issue a:

(please tick one)

- Project Information Memorandum only (PIM)
- Building Consent only
- Building Consent (including Project Information Memorandum)
- Amendment to Building Consent _____

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

Date:

THE PROJECT

Description of building work:

(eg dwelling, commercial, farm shed, garage etc)

Will the building work result in a change of use of the building?

Yes

No

(Refer to Building (Specified Systems, Change of Use, and Earthquake-prone Buildings) Regulations 2005 if in doubt)

If "Yes", provide details of the new intended use:

Intended life of the building if less than 50 years: _____ years

List Building Consents previously issued for this project or building (if any): *(ie is this project being constructed in stages? Is this consent for a relocated or transportable building?)*

Estimated Value of the building work on which the building levy will be calculated
(including goods and services tax) [State estimated value as defined in Section 7 of the Building Act 2004]:

\$

RESTRICTED BUILDING WORK

Will the building work include any restricted building work?

() YES

() NO

If YES, 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 [if these details are unknown at the time of the application, they must be supplied before the building work begins]:

| Name | Licensing class | Licensing building practitioner number (or registration number if treated as being licensed under Section 291 of the Building Act 2004) |
|------|-----------------|---|
| | | |
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| | | |

Note: Continue on another page if necessary

PROJECT INFORMATION MEMORANDUM

Project information memorandum (PIM) [Only complete this section if the application is for a PIM only, or Building Consent including a PIM]

The following matters are involved in the project

| | Applicant Supplied | Not applicable | Council Received |
|--|--------------------|----------------|------------------|
| () 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 | | | |
| () Building work over or adjacent to any road or public space | | | |
| () Disposal of storm water and wastewater | | | |
| () Building work over any existing drains or sewers or in close proximity to wells or water mains | | | |
| () Other matters known to the applicant that may require authorisations from the territorial authority: [specify] | | | |

REQUIRED ATTACHMENTS

The following evidence of ownership attached to this application: Certificate of Title Lease
 Agreement of sale & purchase other document showing full name of legal owner(s) of the building

Complete and attach **ONE** of the following checklists, and provide **ALL** of the information requested on that checklist:

Form 2-R Residential Form 2-I Commercial/Industrial Form 2-H Heater

Application Fee (Deposit): \$ _____ (this will be determined when the application is lodged)

KEY PERSONNEL

| | | |
|---------------------------------------|------------|----------------------|
| Name of Builder: | | Registration Number: |
| Mailing Address: | | |
| E-mail Address: | Phone Day: | |
| Name of Registered Plumber: | | Registration Number: |
| Mailing Address: | | |
| E-mail Address: | Phone Day: | |
| Name of Registered Drainlayer: | | Registration Number: |
| Mailing Address: | | |
| E-mail Address: | Phone Day: | |
| Name of Registered Gasfitter: | | Registration Number: |
| Mailing Address: | | |
| E-mail Address: | Phone Day: | |
| Name of Designer: | | Registration Number: |
| Mailing Address: | | |
| E-mail Address: | Phone Day: | |
| Name of Engineer: | | Registration Number: |

| | | |
|------------------|--|------------|
| Mailing Address: | | |
| E-mail Address: | | Phone Day: |