

(Form 42A)

VERSION: 1.3

FOR OFFICE USE ONLY	
Project No:	
Date Received:	

Application for Building Consent Exemption Section 42A, Building Act 2004

(Only complete items that are applicable to your project)

	THE E	BUILDING				
Street address of building (or I structures that do not have a street street intersection and the distance intersection]	Building Name (if applicable):					
Location of building within site,	/block number (include nearest s	street address):				
Legal Description of land where building is located: Lot:	DP:	Valuation Roll Nu	umber:			
Number of Levels (include ground level & any levels below ground):	Level/Unit No:	Total Floor Area: (all floors included)				
		Existing:	m ²	Add:	m ²	
Current lawfully established us (include number of occupants per le and per use if more than 1):	number of occupants per level		Year first constructed:			
	THE	OWNER				
		Contact Person: (if owner is not an indi	ividual)			
Mailing/Billing Address:						
Street Address/Registered Office:			Post Code:			
E-mail Address:			Phone Day:			
Phone A'Hours:	Fax:	Fax:				
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 ind		vidual)			
Mailing/Billing Address:						
Street Address/Registered Office:			Post Code:			
E-mail Address:			Phone Day:			
Phone A'Hours:	Fax:		Mobile:			
Website:	<u> </u>					
Relationship to Owner: [state	details of the authorization fro	om the owner to mak	e the application	on on the ov	wner's behalf]	

FIRST POINT OF CONTACT FOR COMM	UNICATIONS WITH THE COUN	CIL / BUILDING CONSENT AUTHORITY			
Full name:					
Mailing address:					
Phone number(s):					
Facsimile number(s)					
Email address(es):					
	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 U	Use, and Earthquake-prone Buildings) F	Regulations 2005 if in doubt)			
If "Yes", provide details of the new intended	d use:				
Intended life of the building if less than 50 y	years:years				
List Building Consents previously issued for consent for a relocated or transportable building?)	or this project or building (if any):	(ie is this project being constructed in stages? Is this			
Estimated Value of the building work on w (including goods and services tax) [State estimated 2004]:					
	APPLICATION				
I request that that you issue a Territorial Aut Signature of owner / agent on behalf of Date:		r the building work described in this application: owner:			
Date.	REQUIRED ATTACHMENT	-s			
The following evidence of ownership attach					
l <u>—</u>	Lease				
	_	ame of legal owner(s) of the building			
Complete and attach ONE of the following c checklist: Solid Fuel Heater Application Checklis Residential Checklist Form 2-R	·				
Application Fee (Deposit)					
☐ Application Fee of \$	·	er to cover sheet for appropriate fees)			
	DISCLAIMER				
The Territorial Authority makes no representa	ation that the works have been com	npleted in accordance with the description given			
It has not inspected the proposed/completed work					
 It has not checked the accuracy of the documents attached to this notification or approved in any way the decisions/s made by the owner relating to this notification 					
It has not checked compliance with a	 It has not checked compliance with any other legislation – as this remains the responsibility of the owner 				

This notification will simply be recorded on the property file held by the Territorial Authority, and will be available for inclusion in a Land Information Memorandum