

Application for Compliance Schedule

Section 100, Building Act 2004



| THE OWNER | AGENT [only required if application made on owners behalf] |
|------------------------|---|
| Name of owner: | Name of agent: |
| Contact person: | Contact person: |
| Mailing address: | Mailing address: |
| | Daytime number: |
| Street address: | Mobile: |
| | After hours: |
| Daytime number: | Facsimile No: |
| Mobile: | Email address: |
| After hours: | Relationship to owner: |
| Facsimile No: | |
| Email address: | [state details of the authorisation from the owner to make the application on the owner's behalf] |

| THE BUILDING |
|---|
| Street address of building: |
| Legal description: |
| [state legal description as at the state of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent] |
| Building name/Trading name: |
| Location of building within site/block number: |
| Level/unit number |
| Related Building Consent Number: |
| Current, lawfully established, use: |
| [include number of occupants per level. and per use if more than 1] |
| Year first constructed: |
| Intended life of business: |
| Maximum number of occupants: |
| Purpose Group: Highest Fire category: |

| APPLICATION |
|--|
| I request that you issue a compliance schedule for this work under section 100 of the Building Act 2004. |
| Signature of owner/agent on behalf of and with the authority of the owner: |
| Name: |
| Date: |

COMPLIANCE SCHEDULE

| | SPECIFIED SYSTEMS | TYPE AND LOCATION | PERFORMANCE STANDARDS Inspection, Maintenance and Reporting Procedures | YES | NO |
|------|--|-------------------|---|-----|----|
| 1 | Automatic system for fire suppression (e.g. sprinkler system) | | | | |
| 2 | Automatic or manual emergency warning system for fire or other dangers | | | | |
| 3 | Electro magnetic or automatic doors or windows | | | | |
| 3/1 | Automatic doors | | | | |
| 3/2 | Access controlled doors | | | | |
| 3/3 | Interfaced fire or smoke doors or windows | | | | |
| 4 | Emergency lighting systems | | | | |
| 5 | Escape route pressurization systems | | | | |
| 6 | Riser mains for use by fire service | | | | |
| 7 | Automatic backflow preventer connected to a potable water supply | | | | |
| 8 | Lifts, escalators, travelators or other systems for moving people or goods within building | | | | |
| 8/1 | Passenger carrying lifts | | | | |
| 8/2 | Service Lifts | | | | |
| 8/3 | Escalators and moving walks | | | | |
| 9 | Mechanical ventilation or air conditioning systems | | | | |
| 10 | Building maintenance units | | | | |
| 11 | Laboratory fume cupboards | | | | |
| 12 | Audio loops or other assistive listening systems | | | | |
| 12/1 | Audio loops | | | | |
| 12/2 | FM radio frequency systems and infrared beam transmission system | | | | |
| 13 | Smoke control system | | | | |
| 13/1 | Mechanical smoke control | | | | |
| 13/2 | Natural smoke control | | | | |
| 13/3 | Smoke curtains | | | | |
| 14 | Emergency power system for, or signs relating to a system or feature specified in any clause 1 to 13 | | | | |
| 14/1 | Emergency power systems | | | | |
| 14/2 | Signs | | | | |
| 15 | Other fire safety systems or features | | | | |
| 15/1 | Systems for communicating spoken information intended to facilitate evacuation | | | | |
| 15/2 | Final exits | | | | |
| 15/3 | Fire separations | | | | |
| 15/4 | Signs for communicating information intended to facilitate evacuation | | | | |
| 15/5 | Smoke separations | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Means of escape from fire | | | | | |
| Safety barriers | | | | | |
| Means of access and facilities | | | | | |
| Handheld hose reels | | | | | |
| Signs as required by the Building Code or Section 120 of the Building Act | | | | | |

Attachments (the following documents are attached to this application)

- Certificates from the personnel who carried out the work
- Evidence that the specified systems are capable of performing to the performance standards

For Council Use Only

Application Fee: \$ _____ Receiving Officer's Name: _____

Receipt No: _____ Date Received: _____

All relevant documentation received with application: YES / NO Date of Grant (Anniversary Date): _____