



## APPLICATION FOR CODE COMPLIANCE CERTIFICATE

Section 92, Building Act 2004

This form must be completed by the owner/agent on completion of the building work AND within 2 years from the date of issue of the consent. If not complete within the 2 year timeframe, an extension can be requested below, but must be approved by Council. Failure to request an extension may result in Councils' refusal to issue your CCC.

SECTION 1

### THE BUILDING CONSENT

**Building consent number:** \_\_\_\_\_

**Issued by:** Wairoa District Council

**Valuation No:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

SECTION 2

### OWNER

**Name of owner:** [include preferred form of title, e.g. Mr, Miss, Dr if an individual and the contact persons name if a company, trust of similar]

**Owner's mailing address:**

\_\_\_\_\_

\_\_\_\_\_

**Street address/Registered office:**

\_\_\_\_\_

\_\_\_\_\_

**Owner's contact details:**

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Evidence of ownership:** [please attach one of the following, as appropriate to the circumstances, showing full name of legal owner(s) of the building/land]

- Copy of certificate of title, no more than one month old
  Agreement for sale and purchase
  Lease
  Other \_\_\_\_\_

**OR**  Council to obtain certificate of title (cost as per Council fee schedule)

SECTION 3

### AGENT

**Name of agent:** [include the contact persons name if a company, trust of similar]

**Agent's mailing address:**

\_\_\_\_\_

\_\_\_\_\_

**Street address/Registered office:**

\_\_\_\_\_

\_\_\_\_\_

**Agent's contact details:**

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Relationship to owner:** [state details and provide written authorisation from the owner to make the application on the owner's behalf]

**First point of contact:** [for communications with Council]

Owner
  Agent
  Other: \_\_\_\_\_
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

SECTION 4

### COMPLETION / EXTENSION

All building work carried out under the above building consent was completed on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building work is not yet complete (or will not be completed within 2 years from the date the building consent was granted) and an extension is requested. It is expected that building work will be completed on or before: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason work is not complete: \_\_\_\_\_  
 (Please note: The granting of an extension is at Councils' discretion, advice will be sent to you. Any extension granted will incur additional costs)

**The following Councils have developed and adopted this form in partnership:**



**HASTINGS  
DISTRICT  
COUNCIL**



**GISBORNE  
DISTRICT COUNCIL**



**CENTRAL HAWKE'S BAY  
DISTRICT COUNCIL**

### APPLICATION

## SECTION 5

**Building Personnel:** Provide details for all building personnel who carried out the building work

**Designer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Builder:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Cladding Installer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Roofer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Electrician:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Gasfitter:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Plumber:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Drainlayer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Fireplace Installer:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Other:**  
 Business/Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Registration: \_\_\_\_\_

**Specified Systems:**

The following specified systems are contained on 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:

- |  |   |
|--|---|
| <input type="checkbox"/> 1) Automatic systems for fire suppression (e.g. sprinkler systems)                                  | <input type="checkbox"/> 12) Audio loops or other assistive listening systems   |
| <input type="checkbox"/> 2) Automatic or manual emergency warning systems for fire or other dangers                          | <input type="checkbox"/> 13) Smoke control systems  |
| <input type="checkbox"/> 3) Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation)    | <input type="checkbox"/> 14) Emergency power systems for, or signs relating to, a system or feature specified in clauses 1 to 13  |
| <input type="checkbox"/> 4) Emergency lighting systems   | <input type="checkbox"/> 15) Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1-6, 9 and 13: |
| <input type="checkbox"/> 5) Escape route pressurisation systems  | <input type="checkbox"/> 15a) Systems for communicating spoken information intended to facilitate evacuation; and   |
| <input type="checkbox"/> 6) Riser mains for use by fire service  | <input type="checkbox"/> 15b) Final exits (as defined by clause A2 of the building code); and   |
| <input type="checkbox"/> 7) Any automatic backflow preventer connected to a potable water supply                             | <input type="checkbox"/> 15c) Fire separations (as so defined); and   |
| <input type="checkbox"/> 8) Lifts, escalators, travelators or other systems for moving people or goods within buildings      | <input type="checkbox"/> 15d) Signs for communicating information intended to facilitate evacuation; and  |
| <input type="checkbox"/> 9) Mechanical ventilation or air conditioning systems   | <input type="checkbox"/> 15e) Smoke separations (as so defined)   |
| <input type="checkbox"/> 10) Building maintenance units for providing access to the exterior and interior walls of buildings |   |
| <input type="checkbox"/> 11) Laboratory fume cupboards   |   |

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

The code compliance certificate should be sent to:

Owner  Agent

**Signed by the owner:**

OR **Signed by the agent:** [on behalf of, and with authority from, the owner]

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 6

**ATTACHMENTS**

The following documents are attached to this application:

- Certificates from the personnel who carried out the work
- Certificate that relate to the energy work
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent
- Evidence of ownership

**OFFICE  
USE**