



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

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APPLICATION FOR CODE COMPLIANCE CERTIFICATE - FORM 6

Section 92, Building Act 2004

What Is The Building Consent? *(Complete all fields)*

Building consent number: _____

Issued by: *(name of building consent authority)* _____

Who Owns The Building? *Complete all fields, using N/A if a field is not applicable*

Owner name: *(include title, e.G. Mr, miss, dr if an individual, and the contact person's name if a company, trust or similar)*

Contact person: _____

Owner mailing address: _____

Street address/ registered office: _____

Owner email address: _____

Owner contact number: _____

Are you using an Agent? Yes No *If Yes, please also complete the following:*

Who is the first point of contact for further correspondence? Agent Owner

Agent name: _____

Agent email: _____

Agent contact number: _____

Agent mailing address: _____

When was the building work completed? *(Complete all fields)*

All building work to be carried out under the building consent specified on this form was completed on:

____ dd ____ mm ____ yyyy

Who Completed The Building Work? *Complete all fields on each line. You will need to complete one line for each building practitioner. Use a separate sheet if necessary.*

Name	Licensing class	LBP or registration number	Work carried out/ supervised

