

## WAIROA DISTRICT COUNCIL REGULATORY DEPARTMENT

**3** +64 6 838 7309

**⇔** +64 6 838 8874

☑ consents@wairoadc.govt.nz

www.wairoadc.govt.nz

PO Box 54, Wairoa 4160, Hawke's Bay

Coronation Square, Queen Street, Wairoa

| What Is The Building Consen                                                       | t? (Complete all fields)                        |                                              |                                 |
|-----------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|---------------------------------|
| Building consent number:                                                          |                                                 |                                              |                                 |
| Issued by: (name of building consent authority)                                   | t                                               |                                              |                                 |
| Who Owns The Building? Com,                                                       | plete all fields, using N/A if a field is not a | pplicable                                    |                                 |
| Owner name: (include title, e.G. Mr,                                              | miss, dr if an individual, and the contact      | person's name if a company, trust or simil   | ar)                             |
| Contact person:                                                                   |                                                 |                                              |                                 |
| Owner mailing address:                                                            |                                                 |                                              |                                 |
| Street address/ registered office                                                 | ce:                                             |                                              |                                 |
| Owner email address:                                                              |                                                 |                                              |                                 |
| Owner contact number:                                                             |                                                 |                                              |                                 |
| Are you using an Agent? Who is the first point of contact further correspondence? | ☐ Yes ☐ ct for ☐ Agent ☐                        | No If Yes, please also comp                  | lete the following:             |
| Agent name:                                                                       | G                                               |                                              |                                 |
| Agent email:                                                                      |                                                 |                                              |                                 |
| Agent contact number:                                                             |                                                 |                                              |                                 |
| Agent mailing address:                                                            |                                                 |                                              |                                 |
|                                                                                   |                                                 |                                              |                                 |
| When was the building work                                                        |                                                 |                                              |                                 |
| All building work to be carried<br>form was completed on:                         | out under the building consen                   | t specified on this                          |                                 |
| Tom was completed on.                                                             |                                                 |                                              | mm yyyy                         |
| Who Completed The Building separate sheet if necessary.                           | g Work? Complete all fields on each lir         | ne. You will need to complete one line for e |                                 |
| Name                                                                              | Licensing class                                 | LBP or registration number                   | Work carried out/<br>supervised |
|                                                                                   |                                                 |                                              |                                 |
|                                                                                   |                                                 |                                              |                                 |
|                                                                                   |                                                 |                                              |                                 |

Tradespeople who carried out building work other than restricted building work are as follows: Name Address **Contact number** Registration number Please list specified systems installed in the building or use N/A if this section is not N/A applicable: 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: **Declaration** I understand that this application may only be made with the owner's approval (tick to indicate agreement) 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 address as Agent address as Owner ☐ Agent per Section 2 per Section 2 Name: Signature Date **Have You Attached All Required Documents?** You are required to provide all the necessary documents to support your application. This includes (but is not limited to) the following sections: Memorandum of Licensed Building Practitioners - Record of Work (for each type of building work completed) Certificates relating to energy work

- Evidence that specified systems are capable of performing to the performance standards set out in the
- building consent (if changed from the building consent)
- Other documents from personnel who carried out the work

Refer to your building consent approval letter for a full list of documents required to support your CCC application.