



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

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Coronation Square, Queen Street, Wairoa

APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE - FORM 11

In accordance with Section 106, Building act 2004

CS: _____

Section One - The Building

Street address/rapid number
of building: _____

Legal description of land where building is located: *(State legal description as at the date of application and, if subdivision is proposed include details of relevant lot numbers and subdivision consent)*

Lot: _____ DP: _____ Sec. No: _____

BLK No: _____ Val No: _____

Number of levels: *(include ground level and any levels below ground)*

Year first constructed: *(approximate date is acceptable)*

Current, lawfully established, use: *(include number of occupants per level and per use if more than one level)*

Location of building within site: *(include nearest street access)*

Maximum number of occupants: _____ Intended life of building: _____

Related building consent number: _____ Highest fire category: _____

Purpose group: _____

Section Two - Owner

Name of owner: *(include title, e.g. Mr, Miss, Dr if an individual, and the contact person's name if a company, trust or similar)*

Mailing address: _____

Street address/registered office: _____

Daytime phone number: _____ Mobile: _____

Email address: _____

Section Three - Agent *(only required if application is being made on behalf of the owner)*

Name of agent: *(include title, e.g. Mr, Miss, Dr if an individual, and the contact person's name if a company, trust or similar)*

Mailing address: _____

Street address/registered office: _____

Daytime phone number: _____ Mobile: _____

Facsimile number: _____ Email address: _____

Relationship with owner: *(state details of authorisation from owner to make the application of the owner's behalf)*

Section Four - General

Applicants are liable for all fees and charges during the processing of an Amendment of a Schedule.

Debtor: *(the person responsible for the account)* Owner Agent Other

Mailing address: _____

Daytime phone number: _____ Mobile: _____

First point of contact: *(for communication with Council)* Owner Agent Other

Mailing address: _____

Daytime phone number: _____ Mobile: _____

Section Five - Application *I request that the compliance schedule for the above building be amended as follows:*

Specified system requiring amendment: _____

Amendment required: _____

Reason: *(why amendment is required to ensure that the specified system meets the performance standard)*

Signature of owner/agent on behalf and with the authority of the owner

Date

Section Six - Details

Please refer to the Compliance Schedule Handbook for guidance. Go to www.building.govt.nz and search for 'Compliance Schedule Handbook'.

Specified System details as follows:

SS _____
Type _____
Location _____
Performance Standard _____

Inspections

Frequency of Inspections _____
Person Responsible _____

Attachments *(the following documents are attached to this application)***Office use** Copy of existing Compliance Schedule provided*Proof of Ownership documents* Copy of Certificate of Title Copy of Lease Agreement Agreement for Sale and Purchase Other document showing full name of legal owner**For Council Office Use Only**

Order/Officer	Officers name	Date received
<input type="checkbox"/> Received by		
<input type="checkbox"/> Lodged by		
<input type="checkbox"/> Processed by		

All relevant documentation received with application:

Yes

No