APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE



Section 106, Building Act 2004

Email your application to: bwof@huttcity.govt.nz





THE BUILDING

Street address of building:

THE OWNER

Name of owner:							
Contact person: (delete if owner is an individual)							
Mailing address:							
Street address/registered office:							
Phone numbers:	Landline:		Mobile:	Mobile:			
	Daytime:	Daytime:		After hours:			
Fax number:		Email:					
Website:							
Evidence of ownership:	□ copy of certificate of title	🗆 lease	\Box agreement for sale and purchase	□ other			

AGENT (delete this section if the application is not being supplied on behalf of the owner)

Name of agent: (only required if application is being supplied on behalf of the owner)						
Contact person: (delete if agen	t is an individual)					
Mailing address:						
Phone numbers:	Landline:		Mobile:			
	Daytime:		After Hours:			
Fax number:		Email:				
Relationship to owner: (state details of authorisation from owner to make the application on the owner's behalf)						
First point of contact: O	vner 🗆 ager	nt 🗆 other	phone			

APPLICATION

I request that the compliance schedule for the above building be amended as follows:

Specified system* (specify system requiring amendment)	Amendment (Amendment required)	Reason (state why amendment is required to ensure that the specified system meets the performance standards)

*For guidance please refer to the <u>Compliance Schedule Handbook</u> at <u>building.govt.nz</u> (MBIE)

ATTACHMENTS

□ Copy of existing compliance schedule

If you are adding specified systems, please include:

 \Box a description of each specified system to be added

performance standards for each specified system to be added

the proposed inspection, maintenance and reporting procedures for each specified system to be added

Signature of *owner/*agent on behalf of and with the authority of the owner: (*delete if not applicable)

Date:_____