

9 SEP 2005

Application for Code Compliance Certificate

Section 92, Building Act 2004

Send or deliver your application to: Hutt City Council, Building Approvals Office,
Private Bag 31912, Hutt City. For enquiries, phone (04) 5706 666.

The Building Consent

Building Consent Number:

221257

Issued by:

Hutt City Council

The Owner

Name of Owner: [include preferred form of title, eg, Mr, Miss, Dr, if an individual]

Bruce McLean and Silvia Verwey.

Contact Person: [only required if different from owner]

Bruce McLean.

Mailing address:

100 Hair St
Wainuiomata

Street address/Registered office:

Same

Contact details:

Landline: 04 801 3710.

Mobile: 027 240 9414

Daytime: "

After hours: 564 77 55

Facsimile number: 04 564 7754.

Email: bruce.mclean@wcc.govt.nz

Please attach one of the following as evidence of ownership to this application:

☐ copy of certificate of title, ☐ lease, ☐ agreement for sale and purchase, ☐ or other document no older than 3 months showing full name of legal owner(s) of the building

Agent

Name of Agent: [only required if application is being made on behalf of the owner]

Contact Person:

Mailing address:

Street address/Registered office:

Contact details:

Landline: _____ Mobile: _____
Daytime: _____ After hours: _____
Facsimile number: _____ Email: _____

Relationship to Owner: [state details of the authorisation from the owner to make the application on the owner's behalf]

First point of contact

[if different from Owner or Agent]

Name of contact:**Mailing address:****Street address/Registered office:****Contact details:**

Landline: _____ Mobile: _____
Daytime: _____ After hours: _____
Facsimile number: _____ Email: _____

Application

All building work to be carried out under the above building consent was completed on

4 Sept 2005.

The personnel who carried out the building work are as follows:

Concreter:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Joiner:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Tanking applicator:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Plasterer/textured coater:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Gasfitter:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Electrician:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Plumber:

Business/name: Grant Plumbing
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Drainlayer:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Carpenter:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Brick/Block layer:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____

Deck/roof membrane applicator:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Rofer:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Concealed fascia installer:

Business/name: _____
Address: _____
Daytime: _____ Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: _____
Manufacturer: _____

Others:

Business/name: Torkin and Taylor
Address: Wakfield St Wellington
Daytime: 381-8560 Mobile: _____
After hours: _____ Facsimile: _____
Registration/qualification: _____
Product name: Supervision's Design replying
Manufacturer: Na

Compliance Schedule

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 standards set on in the building consent:

<input checked="" type="checkbox"/> There are no specified systems in the building	
Cable Car (including to individual dwelling)	<input checked="" type="checkbox"/>
Automatic systems for fire suppression (for example, sprinkler systems)	<input checked="" type="checkbox"/>
Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation)	<input checked="" type="checkbox"/>
Automatic or manual emergency warning systems for fire or other dangers	<input checked="" type="checkbox"/>
Emergency lighting systems	<input checked="" type="checkbox"/>
Escape route pressurisation systems	<input checked="" type="checkbox"/>
Riser mains for Fire Service use	<input checked="" type="checkbox"/>
Any automatic back-flow preventer connected to a potable water supply	<input checked="" type="checkbox"/>
Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input checked="" type="checkbox"/>
Mechanical ventilation or air-conditioning systems	<input checked="" type="checkbox"/>
Means of escape from fire	<input checked="" type="checkbox"/>
Building maintenance units for providing access to the exterior and interior walls of buildings	<input checked="" type="checkbox"/>
Emergency power systems for, or signs relating to, a system or feature specified	<input checked="" type="checkbox"/>
Safety barriers	<input checked="" type="checkbox"/>
Means of access and facilities for use by persons with disabilities which meet the requirements of section 118	<input checked="" type="checkbox"/>
Hand-held hose reels for fire fighting	<input checked="" type="checkbox"/>
Such signs as are required by the Building Code or by section 120	<input checked="" type="checkbox"/>
Laboratory fume cupboards	<input checked="" type="checkbox"/>
Audio loops or other assistive listening systems	<input checked="" type="checkbox"/>
Smoke control systems	<input checked="" type="checkbox"/>

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: [state which address, and whether owner or agent]

Bruce McLean and Silvia Verwey
100 Hair St; Wainuiomata

Signed by the owner OR

Signature:



Name:

Bruce McLean

Date:

5/09/05.

Signed by the agent [on behalf of, or with authority from, the owner]

Signature:

Name:

Date:

Attachments

The following documents are attached to this application:

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