

APPLICATION FOR BUILDING CONSENT (Form 2)

Section 33 or 45. Building Act 2004.

COUNCIL USE ONLY

BC Number

BC191020.01

Receipt Number

Amount Paid

1. What are you applying for? *Tick all applicable*

¹ For PIM only applications complete Sections 1 to 7, and 13 only. Follow instructions as per section.

☐ Building Consent

☐ Project Information Memo (PIM)¹

☐ Amendment to Building Consent²

☐ Building Consent using a National Multiple-Use Approval ('MultiProof')³

☐ Staged Consent²

² Stage Number Expected number of stages

² Please enter existing building consent number(s):

³ Please enter National Multiple-Use Approval number:

2. What building work are you doing? *Tick all applicable*

If your building work is not listed, tick **Other** and provide details (this includes amendments to building consents)

| | | | | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | RESIDENTIAL | | | | |
| <input type="checkbox"/> | New detached dwelling | <input type="checkbox"/> | New multi-residential dwelling (more than 2 household units) | <input type="checkbox"/> | Plumbing works |
| <input type="checkbox"/> | Major alterations/additions – any work that includes altering or attaching to the exterior of a building | <input type="checkbox"/> | Minor alterations – any internal work that does not include altering the exterior of the building | <input type="checkbox"/> | New solid fuel burner |
| <input type="checkbox"/> | Garage / detached carport | <input type="checkbox"/> | Other, (please provide details below) | | |

Details

| | | | | | |
|--------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | COMMERCIAL/INDUSTRIAL | | | | |
| <input type="checkbox"/> | New commercial / industrial building | <input type="checkbox"/> | Major alterations/additions – any work that includes altering or attaching to the exterior of a building | <input type="checkbox"/> | Seismic strengthening |
| <input type="checkbox"/> | Minor alterations – any internal work that does not include altering the exterior of the building | <input type="checkbox"/> | Internal fit-out only (including plumbing and ventilation) | <input type="checkbox"/> | Other, (please provide details below) |

Details

3. Where is the building work? *Complete all fields, enter N/A where not applicable*

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------|-----|--------------------------|------------------------------|
| What is the street address? <i>(If No street address, State nearest street intersection & distance/direction from that intersection)</i> | | | | | |
| Legal description: | LOT: | | DP: | | |
| Building name: | | | | | |
| Location of building within site/block including near street access: | | | | Level / Unit #: | |
| Does the building or site have any cultural or heritage significance, or is it a Marae? | | | | <input type="checkbox"/> | Yes <input type="checkbox"/> |
| <i>If Yes, provide details</i> | | | | | |
| <div> <div>Is the subdivision of an existing site involved?</div> <div>Yes</div> <div>No</div> </div> | | | | | |
| <i>If a sub division is proposed and you have not yet received a s224 certificate, the application will also need to provide any relevant information stating legal description as at the date of application and, if subdivision is proposed, include details of the relevant resource consent number and any proposed lot numbers.</i> | | | | | |
| <i>If Yes, complete the following:</i> | | Resource Consent No. | | | |
| | | Proposed LOT No. | | | |

4. Who owns the building or land? *Complete all fields*

| | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-------------------------|--------------------------|-------------------------------|---------------------------------------------------|-------------------------------------------------|-------|
| Owner name: | | | | | Title: e.g. Mr, Mrs, Ms, Dr | | | |
| Owner email address: | | | | | | | | |
| Owner contact numbers: | Ph: | | | | Cell: | | | |
| Owner mailing address: | 6-8 Meachen Street, Seaview 5010 | | | | | | | |
| Indicate which of the following Proof of Ownership documents is attached to your application. Your document must be less than 3 months old. | | | | | | | | |
| <input type="checkbox"/> | Copy of Certificate of Title | <input type="checkbox"/> | Copy of Lease Agreement | <input type="checkbox"/> | Agreement for Sale & Purchase | <input type="checkbox"/> | Other document showing full name of legal owner | |
| Are you using an Agent? | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <i>If Yes, please also complete the following</i> | | |
| Who is the first point of contact for further correspondence? | | | | | <input type="checkbox"/> | Agent | <input type="checkbox"/> | Owner |
| Who is the first point of contact for invoicing? | | | | | <input type="checkbox"/> | Agent | <input type="checkbox"/> | Owner |
| Payee name for invoice: | DMAC Homes T/A Friday Homes | | | | | | | |
| Name of contact at Agent: | | | | | Title: e.g. Mr, Mrs, Ms, Dr | | | |
| Agent email: | | | | | | | | |
| Agent contact numbers: | Ph: | | | | Cell: | | | |
| Agent mailing address: | | | | | | | | |
| Relationship to owner: | | | | | | | | |

5. Who's involved in the build? *Complete all fields per line, or select N/A where not applicable. If you have additional roles to add, please use the table in Appendix A.*

| | Role | N/A |
|----------------------|------------------|-----|
| <i>Trade</i> | <i>Designer</i> | |
| Name: | | |
| Address: | | |
| Contact number: | | |
| Email: | | |
| Licensing class: | | |
| Registration number: | <i>LBP:</i> | |
| <i>Trade</i> | <i>Architect</i> | |
| Name: | | |
| Address: | | |
| Contact number: | | |
| Email: | | |
| Licensing class: | | |
| Registration number: | <i>NZTAB:</i> | |

6. What are the specifics of the site? *Complete all fields*

| What is the wind zone? | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|--------|--------------------------|---------|--------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------------------|--------------------------|----|
| <input type="checkbox"/> | Low | <input type="checkbox"/> | Medium | <input type="checkbox"/> | High | <input type="checkbox"/> | Very High | <input type="checkbox"/> | Extra High | <input type="checkbox"/> | Specific Design State value below | | |
| What is the exposure zone? | | | | <input type="checkbox"/> | Low (B) | | <input type="checkbox"/> | Medium (C) | | <input type="checkbox"/> | High / Sea spray (D) | | |
| Does the proposed building work cover two or more allotments? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are there public drains on the site? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is the site subject to natural or created hazards such as erosion, subsidence, flooding, slips, cut and fill or contamination? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is it a sub-division? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are there any alterations to land contours (e.g. earthworks)? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are there new or altered connections to public utilities? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are there new or altered locations and/or external dimensions of buildings? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is there new or altered access for vehicles? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is the building work over or adjacent to any road or public place? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Does the building work involve the disposal of storm-water or wastewater? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is the building work over any existing drains or sewers or in close proximity to wells or water mains? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are there any other matters known to the applicant that may require authorisation from the territorial authority? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <i>If Yes, please provide a summary here</i> | | | | | | | | | | | | | |

7. What are the details of the building work? Complete all fields, or enter N/A if not applicable

| | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-----|-------------------------------------|--------------------------|---------------------------------------------------------------------------------|--|--------------------------------|------------------------------|--------------------------|--------------|--------------------------|----|--|--|--|--|
| Provide a full description of the building work: <i>E.g. 4 Bedroom dwelling with, multiple cladding types and attached garage</i> | | | | | | | | | | | | | | | | | |
| Estimated value of the building work (including GST): | | | | | \$ | | | | | | | | | | | | |
| If the application is for an amendment to a building consent, please add the additional value if applicable (including GST): | | | | | \$ | | | | <input type="checkbox"/> N/A | | | | | | | | |
| What is the intended life of the building? | | | | | <input type="checkbox"/> | 50+ years | | | | <input type="checkbox"/> | Limited Life | | | | | | |
| If Limited Life, please indicate the intended life of the building | | | | | | | | | years | | | | | | | | |
| Have you discussed this project with Council prior to applying? | | | | | <input type="checkbox"/> | Yes | | | | <input type="checkbox"/> | No | | | | | | |
| Does the project include Restricted Building Work? | | | | | <input type="checkbox"/> | Yes | | | | <input type="checkbox"/> | No | | | | | | |
| Are you applying for Owner/Builder exemption to complete the Restricted Building Work? | | | | | <input type="checkbox"/> | Yes | | | | <input type="checkbox"/> | No | | | | | | |
| <i>If Yes, please complete and attach the Statutory Declaration as to Owner Builder form (click here)</i> <i>If No, please complete and attach the Memorandum from Licensed Building Practitioner: Certificate of Design Work form (click here) for each type of building work being undertaken</i> | | | | | | | | | | | | | | | | | |
| Total number of floor levels: | | | | | | | | Levels below ground: | | | | | | | | | |
| Current floor area: | | | | | | | | Proposed new total floor area: | | | | | | | | | |
| <i>If you are making alterations to an existing dwelling, please complete the following:</i> | | | | | | | | | | | | | | | | | |
| Is there any Recladding? | | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | Is Recladding covered by a claim under the Financial Assistance Package scheme? | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| If Yes, please provide Financial Assistance Package reference number | | | | | | | | | | | | | | | | | |
| Does the building work involve a swimming pool? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| Year first constructed: | | | | | N/A | | | | | | | | | | | | |
| Current lawful established use: | | | | | N/A | | | | | | | | | | | | |
| Proposed use: | | | | | | | | | | | | | | | | | |
| Will the building work result in a change of use of the building? | | | | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| <i>If you are unsure how to determine if a change of use will occur, please refer to the guidance provided by the Ministry of Business, Innovation and Employment: http://www.building.govt.nz/managing-buildings/change-of-use-and-alterations/</i> | | | | | | | | | | | | | | | | | |
| <i>If Yes, please provide details</i> | | | | | | | | | | | | | | | | | |

8. What clauses of the building code does your building work comply with?

Please read the following carefully:

- You are required to indicate what code clause(s) your building work complies with
- Unless otherwise noted below, your application will be assessed under Acceptable Solutions
- If you are using another means of compliance, please provide details of the standard(s) that your building work complies with and the means of compliance in the space provided. Use a separate sheet of paper if necessary
- If you do not provide all the necessary information to show how your application complies with the Building Code, it will be returned unprocessed.

☐ I understand that this application is to be assessed against Acceptable Solutions, unless otherwise stated in the following section. Please tick to indicate your agreement.

| | | | | | |
|--------------------------|-------------------------------------------------|--------------------------|-----------------------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | B1 Structure | <input type="checkbox"/> | F1 Hazardous agents on site | <input type="checkbox"/> | G5 Interior environment |
| <input type="checkbox"/> | B2 Durability | <input type="checkbox"/> | F2 Hazardous building materials | <input type="checkbox"/> | G6 Airborne & impact sound |
| <input type="checkbox"/> | C1 Protection from fire | <input type="checkbox"/> | F3 Hazardous substances and processes | <input type="checkbox"/> | G7 Natural light |
| <input type="checkbox"/> | C2 Prevention of fire occurring | <input type="checkbox"/> | F4 Safety from falling | <input type="checkbox"/> | G8 Artificial light |
| <input type="checkbox"/> | C3 Fire affecting areas beyond fire source | <input type="checkbox"/> | F5 Site safety | <input type="checkbox"/> | G9 Electricity |
| <input type="checkbox"/> | C4 Movement to place of safety | <input type="checkbox"/> | F6 Visibility in escape routes | <input type="checkbox"/> | G10 Piped services |
| <input type="checkbox"/> | C5 Access & safety for fire-fighting operations | <input type="checkbox"/> | F7 Warning systems | <input type="checkbox"/> | G11 Gas as an energy source |
| <input type="checkbox"/> | C6 Structural stability | <input type="checkbox"/> | F8 Signs | <input type="checkbox"/> | G12 Water supplies |
| <input type="checkbox"/> | D1 Access routes | <input type="checkbox"/> | F9 Means of restricting access to residential pools | <input type="checkbox"/> | G13 Foul water |
| <input type="checkbox"/> | D2 Mechanical installations | <input type="checkbox"/> | G1 Personal hygiene | <input type="checkbox"/> | G14 Industrial liquid waste |
| <input type="checkbox"/> | E1 Surface water | <input type="checkbox"/> | G2 Laundering | <input type="checkbox"/> | G15 Solid waste |
| <input type="checkbox"/> | E2 External moisture | <input type="checkbox"/> | G3 Food preparation & prevention of contamination | <input type="checkbox"/> | H1 Energy efficiency |
| <input type="checkbox"/> | E3 Internal moisture | <input type="checkbox"/> | G4 Ventilation | | |

Provide details of all Verification Methods being used (include relevant code clause and means of compliance)

Provide details of all Alternative Solutions being used (include relevant code clause and means of compliance) or details of any waivers and modifications (including applicable code clauses)

9. What specified systems are in your building? *Complete all fields*

| | | | | |
|-------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Does your building work involve any Specified Systems (SS)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------------------------------|--------------------------|-----|--------------------------|----|

| | | | | | | |
|----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------|--------------------------------------------|
| Residential <i>please complete the following</i> | | | | | <input type="checkbox"/> N/A | |
| <i>If Yes, please complete Specified System 16 (Cable Car) below</i> | | | | | | |
| SS16 Does your building work involve a cable car? | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <i>If Yes, please provide detail below</i> |
| SS Cable cars | Existing | Removed | Altered | Added / New | Complete this section if the cable car is being altered or added | |
| | | | | | Performance Standards | Inspection & Maintenance Procedures |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Reporting Frequency | | | | | | |
| Provide any other details | | | | | | |

| | | |
|-------------------------------------------------------------------------------------------|--|------------------------------|
| Commercial <i>please complete the following and Appendix B (Specified Systems)</i> | | <input type="checkbox"/> N/A |
| If applicable, what is the existing compliance schedule number? | | |
| Risk Group: | | |
| Total occupancy numbers: | | |

10. Does your build require a fire design review?

Certain applications for building consent must be submitted to the Fire and Emergency New Zealand Fire Engineering Unit (FEU) for review. *For commercial / industrial applications please complete the following:*

| | | | | |
|----------------------------------------------------------------------------------------------------|--------------------------|-----|-------------------------------------|----|
| Is your building of a type defined in the Gazette notice and section 46 of the Building Act, 2004? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|----------------------------------------------------------------------------------------------------|--------------------------|-----|-------------------------------------|----|

11. 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:

- *Section 4: Proof of Ownership*
- *Section 6: Plans showing land and boundary features as required
PIM, development of contribution notice or certificate attached to PIM*
- *Section 7: Statutory Declaration as to Owner Builder form OR Memorandum of Licensed Building Practitioners – Certificate of Design Work (for each type of building work being undertaken)*
- *Section 8: Plans, specifications and other supporting information in relation to the compliance method of the build, e.g. where the work deviates from an Acceptable Solution method.*

*Please check your application and ensure all the supporting information is attached otherwise your application will be returned **unprocessed**.*

When you are satisfied your application is complete, please complete section 13 and send to your local Building Consent Authority.

If you are unsure about what information to include in your application, a guidance document is available ([click here](#))

Privacy Information

The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information. Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

12. Your application fees

Your council will charge fees for your consent application. These will include statutory levies payable to BRANZ and the Ministry of Business, Innovation & Employment.

A full fee schedule can be found on the Council's website. Please consult this before submitting your application.


13. Have you signed the application?

I request that you issue a project information memorandum, project information memorandum and building consent, or building consent for the building work described in this application.

All of the information contained in this application is, to the best of my knowledge, true and correct. I understand that work must not commence until the building consent is issued and uplifted.

Name and signature of the owner / agent on behalf of and with the authority of the owner

I understand that this application may only be made with the owner's approval. Please tick to indicate your agreement.

| | |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Owner / Agent Name: | |
| Owner / Agent Signature: (Enter your name and tick the acknowledgement box if you do not have a digital signature) |  |
| Date: | |

Your local council (or their website) will be able to help you with information specific to the site your application covers.

Appendix A List of those involved in the build

| | Role |
|----------------------|------|
| <i>Trade</i> | |
| Name: | |
| Address: | |
| Contact number: | |
| Email: | |
| Class: | |
| Registration number: | |
| <i>Trade</i> | |
| Name: | |
| Address: | |
| Contact number: | |
| Email: | |
| Class: | |
| Registration number: | |
| <i>Trade</i> | |
| Name: | |
| Address: | |
| Contact number: | |
| Email: | |
| Class: | |
| Registration number: | |
| <i>Trade</i> | |
| Name: | |
| Address: | |
| Contact number: | |
| Email: | |
| Class: | |
| Registration number: | |
| <i>Trade</i> | |
| Name: | |
| Address: | |
| Contact number: | |
| Email: | |
| Class: | |
| Registration number: | |

Appendix B List of specified systems (Commercial / Industrial Building Consent Applications)

The specified systems for the building are as follows:

Tick all applicable and outline the performance standards and reporting frequency

| The following specified systems are existing, being altered, added to, or removed in the course of the building work | | Existing | Altered | Added/New | Removed | Complete this section if systems are new, altered or added only | | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------|-------------------------------------|---------------------|
| | | | | | | Performance standards | Inspection & maintenance procedures | Reporting frequency |
| SS1 | Automatic systems for fire suppression (e.g. sprinkler systems)(includes Gas/Flood Systems) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS2 | Automatic or manual emergency warning systems for fire or other dangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS3 | Electromagnetic or automatic doors or windows | | | | | | | |
| | S3.1 Automatic doors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS3.2 Access control doors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS3.3 Interfaced fire or smoke doors or windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS4 | Emergency lighting systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS5 | Escape route pressurisation systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS6 | Riser mains for use by fire services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS7 | Automatic backflow preventers connected to a potable water supply | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS8 | Lifts, escalators, travellers or other systems for moving people or goods within buildings | | | | | | | |
| | SS8.1 Passenger-carrying lifts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS8.2 Service lifts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS8.3 Escalators and moving walkways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS9 | Mechanical ventilation or air conditioning systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS10 | Building maintenance units (for providing access to the exterior and interior walls of a building) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS11 | Laboratory fume cupboards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS12 | Audio Loops or other assistive listening system | | | | | | | |
| | SS12.1 Audio loops | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS12.2 FM radio frequency systems and infrared beam transmission systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| The following specified systems are existing, being altered, added to, or removed in the course of the building work | | Existing | Altered | Added/New | Removed | Complete this section if systems are new, altered or added only | | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------|-------------------------------------|---------------------|
| | | | | | | Performance standards | Inspection & maintenance procedures | Reporting frequency |
| SS13 | Smoke control systems | | | | | | | |
| | SS13.1 Mechanical smoke control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS13.2 Natural smoke control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS13.3 Smoke curtains | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS14 | Emergency power systems for, or signs relating to, a specified system in 1-13 above | | | | | | | |
| | SS14.1 Emergency power systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS14.2 Signs for systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS15 | Other fire safety systems or features | | | | | | | |
| | SS15.1 Systems for communicating spoken information intended to facilitate evacuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS15.2 Final exits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS15.3 Fire separations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS15.4 Signs for communicating information intended to facilitate evacuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | SS15.5 Smoke separations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SS16 | Cable cars | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |



**RECORD OF TITLE
UNDER LAND TRANSFER ACT 2017
FREEHOLD**

**Guaranteed Search Copy issued under Section 60 of the Land
Transfer Act 2017**




R.W. Muir
Registrar-General
of Land

Identifier **WN59A/795**
Land Registration District **Wellington**
Date Issued 05 July 2001

Prior References

WN23C/678

| | |
|--------------------------|-------------------------------|
| Estate | Fee Simple |
| Area | 14.1334 hectares more or less |
| Legal Description | Lot 1 Deposited Plan 91313 |

Registered Owners

Kelson Heights Limited

Interests

Appurtenant hereto is a sanitary sewer right specified in Easement Certificate 228842.3

The easement specified in Easement Certificate 228842.3 is subject to Section 351E (a) Municipal Corporations Act 1954

Appurtenant hereto are sewer and stormwater rights specified in Easement Certificate 230174.2

The easements specified in Easement Certificate 230174.2 are subject to Section 351E (a) Municipal Corporations Act 1954

5055895.1 Consent Notice pursuant to Section 221 Resource Management Act 1991 by The Hutt City Council - 5.7.2001 at 3:07 pm

11038427.2 Mortgage to John Stuart Ross and Juliet Victoria Jones - 27.2.2018 at 9:32 am

11694391.1 Variation of Mortgage 11038427.2 - 26.2.2020 at 12:17 pm

Sheet 1



Approvals

[Signature]
General Legal Counsel
on behalf of the
Registered Proprietors

I hereby certify that this plan was approved by the Hutt City Council pursuant to Section 223 of the Resource Management Act 1991 on the 9th day of March 2001

[Signature] General Legal Counsel

Pursuant to Section 224(2) of the Resource Management Act 1991, I hereby certify that some of the conditions of the subdivision consent have been complied with to the satisfaction of the Hutt City Council, and that a content notice has been issued in respect of those conditions that have not been complied with.

Dated this 22nd day of May 2001

[Signature] General Legal Counsel

Bearing Datum: Geodetic 1949.

Class of Survey: Lot 1
Lots 2-6 IV parcel diagram

Total Area 28.8248 ha

Comprised in C.T. 23C/GTB (4th)

Stuart David Watson

being a person entitled to practise as a registered surveyor certify that

(a) The surveys to which the diagram relates are accurate and were undertaken by me or under my direction in accordance with the Survey Act 1986 and the Survey Regulations 1986.

(b) The diagram is accurate and has been created in accordance with that Act and those Regulations.

Signed *[Signature]* Date 6/6/01

Field Book _____ Town Book _____

Reference Plans DP 42104, 42405-7, 44407, 44409

44450-1, 44504-2, 44403

Examined _____ Correct *[Signature]*

Approved as to Survey

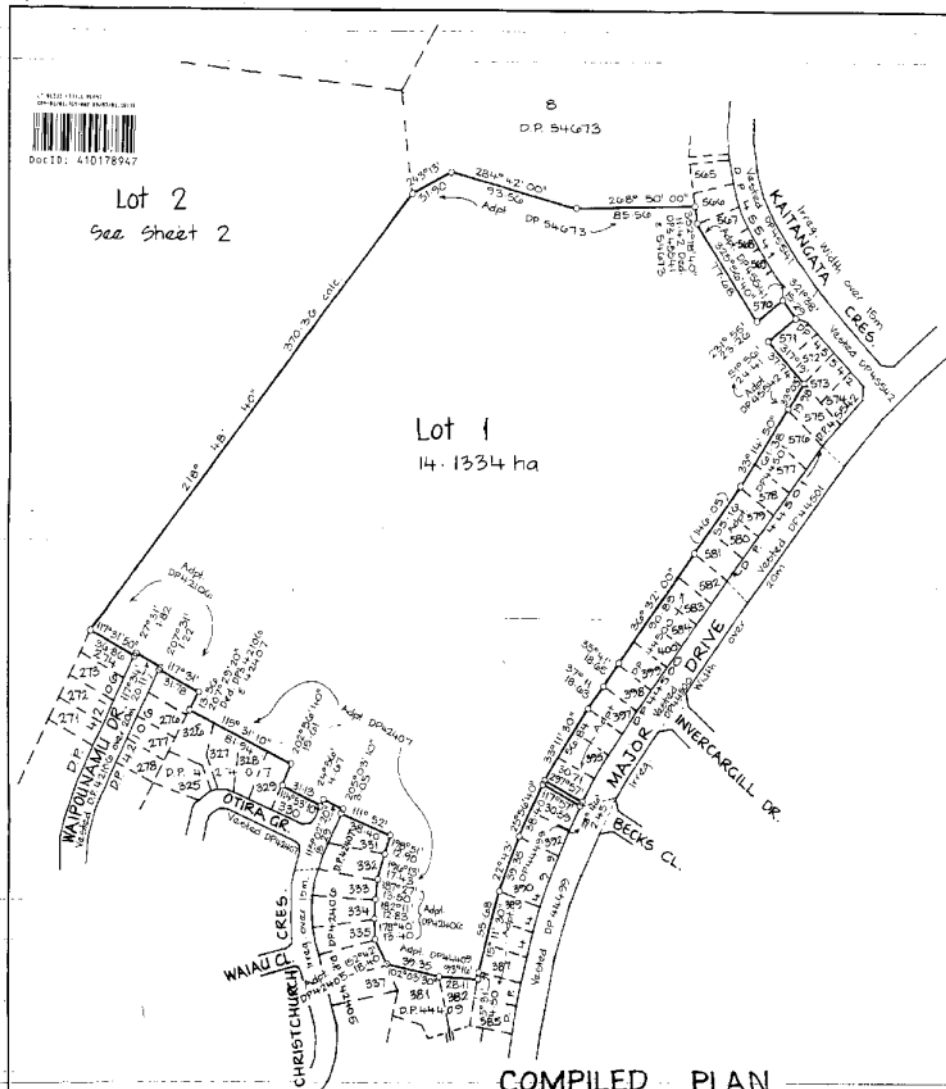
18/6/2001 *[Signature]* District Surveyor

Deposited this 3rd day of July 2001

16ANUM Registrar General of Land

File 1128
Reasons 11/6/2001
Instructions

91313



New C.T. Allocation

Lot 1 ~ C.T. 59A/795



COMPILED PLAN

LAND DISTRICT Wellington
Survey Bk. & Dist. IX Belmont
NZMS 261 Sheet Record Map No.

Lots 1-6 being a subdivision
of Part Lot 1 Deeds Plan 578

TERRITORIAL AUTHORITY Hutt City Council
Surveyed by Valley Surveying Company Ltd
Scale 1:2000 Date Nov 2000

SHEET 1 of 2

UNREGISTERED PLAN

Approvals



Area Lots 2-6 = 14.1914 ha
Area not determined by survey

New C.T. Allocation

Lot 2, Lot 3, Lot 4, Lot 5, Lot 6 ~ C.T. 59A/838174

PARCEL DIAGRAM

LAND DISTRICT Wellington
Survey Blk. & Dist. 1X Belmont
NZMS 261 Sheet _____ Record Map No. _____

Lots 1-6 being a subdivision
of Part Lot 1 Deeds Plan 578

TERRITORIAL AUTHORITY Hutt City Council
Surveyed by Valley Surveying Company Ltd
Scale 1:4000 Date Nov 2000

Class of Survey: Lot 1 I
Lots 2-6 IV

Total Area 28.3248 haComprised in C.T. 25C/678 (Ltd)

I, Stuart David Watson
being a person entitled to practice as a registered surveyor, hereby
(a) The survey to which this document relates are accurate and were undertaken by
me or under my direction in accordance with the Survey Act 1986 and the
Survey Regulations 1996.
(b) This document is accurate and has been created in accordance with the Act and
these Regulations.

Signed: SD Watson Date 6.6.01

Field Book _____ Traverse Book _____

Reference Plans _____

Examined _____ Corrected _____

Approved as to Survey

18.6.2001

Deposited this _____ day of _____ 2001

for Registrar General of Land

File _____

Received _____ Instructions

91313



Sheet 2 of 2

A.J. BEYER SURVEYING GENERAL AND INFORMATION NEW ZEALAND

PRINTED AT: 91313