

**APPLICATION FOR CERTIFICATE OF
ACCEPTANCE
BAM008**

Section 97, Building Act 2004 (form 8)

Note: Insert a tick in each applicable box, complete all items applicable to your project

Fee Paid: _____
Receipt Number: _____

THE BUILDING

Street address: _____
(Project location)

Number of levels: _____ Level/Unit No: _____
(include ground level and any levels below and above ground)

Legal description: _____
(at time of application) Lot: _____ DP: _____

Total floor area: _____ m²
Indicate area affected by the building work

Proposed Lot: *(if subject to new subdivision)* _____

Current lawfully established use: *Use on previous consent for the existing building, include number of occupants per level and per use if more than 1*

Valuation roll number: _____

Section: _____ Block: _____

Survey district: _____

Building name: _____
(Eg: Name of School, Hall, Motel etc)

Year building first constructed: _____
(approximate date is acceptable e.g: c1920s or 1960-1970)

Location of building within site: _____

THE OWNER

Owners name: _____
(include preferred form of address, eg. Mr Miss, Dr, if an individual)

Contact person _____
(If owner is not an individual)

Mailing address: _____

Street address or registered office: _____

Contact numbers: Landline: _____

Mobile: _____ Daytime: _____

After hours: _____ Fax: _____

Email address: _____

Website: _____

The following evidence of ownership is attached to this application:

- Copy of current record of title (< 3 months old)
- Signed copy of Sale and Purchase Agreement
- Copy of Lease Other

AGENT

(If application is being made on behalf of owner)

Name of agent: _____

Contact person: _____

Mailing address: _____

Street address or registered office: _____

Contact numbers: Landline: _____

Mobile: _____ Daytime: _____

After hours: _____ Fax: _____

Email address: _____

Website: _____

Relationship to owner: _____

Authorisation from owner attached

The Owner The Agent FIRST POINT OF CONTACT

Or Other (complete this panel) *(will receive any correspondence/requests for further information prior to issue of consent)*

Full name: _____ Contact numbers: Daytime: _____

Mailing address: _____ Mobile: _____ Fax: _____

_____ Post code Email: _____

APPLICATION

I request that you issue a certificate of acceptance for the building work described in this application.

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

Date

BUILDING WORK

Description of Building Work:

New Alteration Relocate Extension

Date building work carried out: _____

Details: _____

Intended life of the building if < 50 years: _____

List building consents previously issue for this project:
(i.e. is this project being constructed in stages? Is this consent for a relocated or transportable building)

Who issued the consent	Date of issue	Consent no.

Personnel who carried out the building work as follows:

Name	Address	Ph No.	Registration no.

Estimated value of the building work on which the building levy will be calculated (including GST)

(State estimated value as defined in section 7 of the Building Act 2004)

\$ _____

The following plans and specification are attached to this application:

List: _____

Did the building work result in a change of use of the building?

No

Yes

If 'Yes', give details: _____

Reasons why a certificate of acceptance is required:

The owner, or the owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: *Explain in detail:*

A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: *Delete one of the following.*

(a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: *Explain in detail:*

(b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: *Explain in detail:*

The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: *State details of name of building consent authority and building consent granted:*

COMPLIANCE SCHEDULE

The specified systems for the building are as follows: *(specified systems are defined in regulations)*

The following specified systems were being altered, added to, or removed in the course of the building work:
(specify)

There were no specified systems in the building.

SCHEDULE OF COMPLIANCE – CERTIFICATE OF ACCEPTANCE CHECKLIST

Items which must be included in application

1. Your application will only be accepted if the information outlined in this checklist is provided.
2. Submission over the counter does not necessarily guarantee acceptance for processing.
3. Drawings must be produced on a minimum A3 sheet size.
4. All drawings must meet the minimum requirements of the Technical Drawings standard AS/NZS1100 and be dimensioned to metric standard. Free handed drawings will not be accepted.

Building Elements	Items To Be Checked	Applicant to complete			Office Use		
		Y	N	N/A	CSO		
General Information							
Form 8 – Application form	Completed application form	Y			Y		
	Lodgement fee	Y			Y		
	Property ownership / Record of Title	Y			Y		
	Agent authorisation	Y	N	N/A	Y	N	N/A
	One set of plans and specifications	Y			Y		
	Project value	Y			Y		
Building Consultant Report							
A report from a suitably qualified Building Consultant must accompany all applications. Council do not endorse or recommend any specific Building Consultants. However, suitably qualified consultants are required to have significant knowledge of building construction details and defects. They must be experienced in the key areas of building, specifically around weather tightness and structure. They must also be able to undertake invasive testing. Building Surveyors either RICS or NZIBS generally have the experience and knowledge to provide the reporting for unauthorised building works.		Y	N		Y	N	

Applicant		CSO	
Name		Name	
Signature		Signature	