

Application for a Certificate of Acceptance

Section 97, 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.

Council Use Only:

Application #

Property ID

The Building [Project Location]

Street address 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]

Building name: [if applicable]

Location of building within site: [include nearest street access]

Number of levels: [include ground level and any levels below ground]

Level/Unit Number: [if applicable]

Area:

Existing floor area: _____

New floor area: _____

Total floor area: _____

Current, lawfully established, use: [include number of occupants per level and per use if more than 1 level]

Year first constructed: [insert year, approximate date is acceptable e.g: c 1920s or 1960-1970]

The Project

Description of the building work:

Date building work carried out:

Did the building work result in a change of use of the building? (ie Commercial, Industrial, Residential) Yes No

If yes, provide details of the new use:

Intended life of the building if less than 50 years:

_____ years

List building consents previously issued for this project (if any): [list who issued the consent, the date of issue and the consent number]

Estimated value of the building work on which the building levy will be calculated (including goods and services tax):

[state estimated value as defined in section 7 of the Building Act 2004.] \$ _____

The Owner [must be completed for all applications and all details must be the owners]

Name of Owner: [include preferred form of title, eg, Mr, Miss, Dr if an individual and the contact persons name if a company, trust or similar]

Owner's mailing address:

Street address/Registered office:

Owner's contact details:

Landline: _____
Facsimile number: _____
After hours: _____

Mobile: _____
Email: _____

Proof of ownership: [please attach one of the following as evidence, as appropriate to the circumstances]

- Copy of certificate of title, no more than 3 months old Lease Agreement for sale and purchase

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

Name of Agent: [include the contact persons name if a company, trust or similar]

Agent's mailing address:

Street address/Registered office:

Agent's contact details:

Landline: _____
Facsimile number: _____
After hours: _____

Mobile: _____
Email: _____

First point of contact

Owner Agent Other _____ Phone _____

Signed by the owner

Signature: _____
Name: _____
Date: _____

OR

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

Signature: _____
Name: _____
Date: _____

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

[Please cross out any that are not applicable to this project]

Concreter:

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

Joiner:

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

Tanking applicator:

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

Plasterer/textured coater:

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

Gasfitter:

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

Electrician:

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

Plumber:

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

Drainlayer:

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

Carpenter:

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

Brick/Block layer:

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

Deck/roof membrane applicator:

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

Rofer:

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

Concealed fascia installer:

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Others:

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

The following plans and specifications are attached to this application: *[tick boxes applicable]*

- specifications calculations plans
- producer statement other _____ *please specify*

[All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority]

Reasons why a certificate of acceptance is required:*[tick boxes applicable]*

- 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]*
- _____
- _____

Attachments**The following documents are attached to this application:** *[tick boxes applicable]*

- Project information memorandum
- Plans and specifications
- Certificates from personnel who carried out the building work
- Energy work certificate
- Certificates from personnel who supervised the building work
- Investigatory Reports

Compliance Schedule [Delete this section if this is an application for a project memorandum only]

The following specified systems are existing, being altered, added to, or removed in the course of the building work:

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

Council use only:

Mail Desk

The following Councils developed this form in partnership: Kapiti Coast District, Porirua City, Wellington City, Hutt City, Upper Hutt City.