

Application for a Building Consent and/or Project Information Memorandum

Section 33 or section 45, 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

Minor Works

I request that you issue a Project Information Memorandum Building Consent for the building work described in this application.

Consent/Project Information Memorandum to be Mailed Collected

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 [provide sufficient description of building work to enable scope of work to be fully understood]

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

Yes No

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]
\$ _____

If yes, provide details of the new use:

List building consents previously issued for this project (if any):

[list who issued the consent, the date of issue and the consent number]

Intended life of the building if less than 50 years:

Does the building or site have any cultural heritage significance, or is it a marae?

[refer to District Plan] Yes No

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: _____

Mobile: _____

Facsimile number: _____

Email: _____

After hours: _____

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: _____

Mobile: _____

Facsimile number: _____

Email: _____

After hours: _____

First point of contact

Owner Agent Other _____ Phone _____

Signed by the owner

Signature: _____

Name: _____

Date: _____

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

Signature: _____

Name: _____

Date: _____

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 regularly forward these to Statistics NZ. The Council stores the information on a public register which must be supplied (as previously determined by the Ombudsman) to whomsoever requests the information.

Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

Council use only:

Contacts

[Provide all details where relevant]

Builder:

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

Drainlayer:

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

Plumber

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

Other:

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

Building Consent

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

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

- specifications plans
 other _____ please specify

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

The building work will comply with the building code as follows:

Clause [which of the following clauses will be involved in the proposed work?]	Means of compliance [refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications]	Proposed Inspections [state means of inspection. Note PS4s or certification may be required]
Freestanding/inbuilt fire appliance		
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS2 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS4203 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> C1-4 Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design and testing <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
Plumbing and Drainage		
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> AS/NZ3500.5 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZ5261 <input type="checkbox"/> Other _____ [specify]	By certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Other _____ [specify]	By certification only
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> AS/NZS3500.5 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> BS5572 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other _____ [specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [specify]

Waiver/modification to NZ Building Code required for following parts of code: