

**Building Consent Application Checklist**

**MINOR**

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| ☻Fireplace | | | Demolition/Removal | | | Swimming Pools | | Solar | | Drainage | | Wet Area Shower | | | | |
| **Address:** | | **298 Scarborough Street** | | | | | | | **Date Vetted:** | | | **13/02/24** | | | | |
|  | | | | | | |  | | | |  | | | | | |
| **How to use this checklist** | | | | | | | | | | | | | | | | |
| **Use this checklist when finalising your building drawings plans to assist you to lodge a complete application and to avoid delays in processing. Your application will be accepted based on this checklist to ensure that it has sufficient information to commence processing. All items on this checklist must be circled to show that they are either provided or are not applicable to your project (N/A).**  **Later additional information may be requested during the processing of your building consent to confirm compliance with the Building Act, Building Code, District/City Plan and any other relevant legislation. Processing time will be suspended until information is received.**  **Your application will only be accepted if the information in this checklist is provided and the checklist completed.** | | | | | | | | | | | | | | | | |
| **Customer Use** Circle as appropriate | | | | Doc ref./  page # | **General Documentation Required** | | | | | | | **Council Use** | | | | |
| Yes | N/A | | |  | Application form completed in full and signed | | | | | | | Yes | | No | | N/A |
| Yes | N/A | | |  | Lodgement fee (refer to Schedule of Fees and Charges for amount) | | | | | | | Yes | | No | | N/A |
| Yes | N/A | | |  | Two (2) complete sets of drawings/report/specification/plans and other relevant documents are required | | | | | | | Yes | | No | | N/A |
| Yes | N/A | | |  | All drawings must meet the minimum requirements of the technical drawings standard AS/NZS1100. Index provided for plans and specifications | | | | | | | Yes | | No | | N/A |
| Yes | N/A | | |  | All documents including photocopies must be legible | | | | | | | Yes | | No | | N/A |
| Yes | N/A | | |  | All plans are to be titled and dated (or version number) | | | | | | | Yes | | No | | N/A |
|  | | | | | **Legal Documentation Required** | | | | | | |  | | | | |
| Yes | N/A | | |  | Full, current (less than three months old) Certificate of Title Rates notice | | | | | | | Yes | No | | N/A | |
| Yes | N/A | | |  | Sale and purchase agreement with settlement date provided (if applicable) | | | | | | | Yes | No | | N/A | |
| **Comments – Council Use Only** | | | | | | | | | | | | | | | | |
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| **Customer Use**  Circle as appropriate | | | | | Doc ref./  page # | **Solid Fuel Heaters** | | | **Council Use**  **☻ Section Accepted** | | | | | |
| **Section NA** | | | | | |
| Yes | | N/A | |  | | Is the proposed appliance ‘clean air’ approved? | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Location of SFH on floor plan of entire home in relation to windows, doors and flammable materials | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Make and model provided | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Manufacturers specifications provided including hearth information | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Cross section through roof including height of flue in relation to roof | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Flashing details (roof/wall penetrations) | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Location and distance of all smoke alarms | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Seismic restraint detailed | | | Yes | | | No | | N/A |
| **☻Section NA** | | | | | | **Wetback Installation** | | | **Section Accepted** | | | | | |
| Yes | | N/A | |  | | Location of hot water cylinder and size | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Wetback installation diagram/manufacturers installation instructions | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Tempering valve information provided | | | Yes | | | No | | N/A |
| **☻Section NA** | | | | | | **Other Solid Fuel Heaters** | | | **Section Accepted** | | | | | |
| Yes | | N/A | |  | | Second hand fire producer statement (from an approved recognised expert) | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Diesel burner information including isolating tap | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Piping layout supplied | | | Yes | | | No | | N/A |
|  | |  | |  | |  | | |  | | |  | |  |
| **☻Section NA** | | | | | | **Plumbing and Drainage** | | | **Section Accepted** | | | | | |
| Yes | | N/A | |  | | All existing SEWERS, sewer connections and sewer drain locations and depth shown including Territorial Authority services | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | All existing STORMWATER drains and connections shown including Territorial Authority services | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Proposed sewer and stormwater drains/soak holes, terminal vents shown | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | All existing and proposed sanitary fittings including pipe sizes and gradients (isometric) | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Standard Regional Council design system or Regional Council approved effluent disposal system | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Specifications for hot water heating system (consider seismic restraints) | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Stormwater disposal design and calculations | | | Yes | | | No | | N/A |
|  | |  | |  | |  | | |  | | |  | |  |
| **☻Section NA** | | | | | | **Wet Area Showers (Level entry)** | | | **Section Accepted** | | | | | |
| Yes | | N/A | |  | | Entire floor plan and including location and distance of all smoke alarms | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Cross section of shower construction including timber treatment | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Product specifications for the shower system including substrate, tanking and its appraisal certificates and all impervious finishes | | | Yes | | | No | | N/A |
| Yes | | N/A | |  | | Size and gradient of waste pipes and any additional ventilation to same | | | Yes | | | No | | N/A |
| **Comments – Council use only** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Customer Use**  Circle as appropriate | | | Doc ref./  page # | | | | **Solar Heating** | **Council Use**  **Section Accepted** | | | | | | |
| **☻Section NA** | | | | | | |
| Yes | N/A | |  | | | | Specifications and installation details | | Yes | | | No | | N/A |
| Yes | N/A | |  | | | | Location of solar panels/ tubes/roof tank on roof plan (orientation) | | Yes | | | No | | N/A |
| Yes | N/A | |  | | | | Flashing and installation details for pipe penetrations through walls/roof details | | Yes | | | No | | N/A |
| Yes | N/A | |  | | | | Demonstrate roof structure is designed for additional load (weight) | | Yes | | | No | | N/A |
| Yes | N/A | |  | | | | Water pipe type and insulation requirements | | Yes | | | No | | N/A |
| Yes | N/A | |  | | | | Location and distance of all smoke alarms | | Yes | | | No | | N/A |
|  |  | |  | | | |  |  | | |  | | |  |
| **☻Section NA** | | | | | | | **Demolition/Removal** | **Section Accepted** | | | | | | |
| Yes | N/A | |  | | | | Have building/s to be removed been identified on a site plan? | | | Yes | | No | | N/A |
| Yes | N/A | |  | | | | Confirmation received that any services are to be capped off | | | Yes | | No | | N/A |
| Yes | N/A | |  | | | | Have any hazardous building materials been identified, such as asbestos? | | | Yes | | No | | N/A |
| Yes | N/A | |  | | | | Consideration of impact on adjoining/adjacent buildings i.e. specified systems, weather tightness, structure, site management | | | Yes | | No | | N/A |
| Yes | N/A | |  | | | | If the building was built before 1 April 2000, provide an asbestos assessment in accordance with the Health & Safety at Work (Asbestos) Regulations 2016, and if necessary an asbestos management plan. | | | Yes | | No | | N/A |
|  |  | |  | | | |  |  | | |  | | |  |
| **☻ Section NA** | | | | | | | **Swimming Pool/Spa Pool** | **Section Accepted** | | | | | | |
| Yes | N/A | |  | | | | Site plan (refer site plan section of checklist) | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Plan of all floors describing the function of each room including all doors and windows and location and distance of all smoke alarms | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Fences/Gates with dimensions | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Show access restrictions and locking device details for doors and windows to pool area from all doors and windows | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Have immediate pool area hazards been identified | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Pool manufacturer’s specifications | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Elevations/Cross section showing all construction details | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Location of backwash indicating connection to approved outfall | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Backflow preventer shown – type and location | | | Yes | | No | N/A | |
| Yes | N/A | |  | | | | Lockable lid specifications for small heated pools | | | Yes | | No | N/A | |

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| **Section NA** | | | | | **Relocatable Buildings:** | | | | | | | **Section Accepted** | | | | |
| Yes | N/A |  | | | Is the structure being relocated in more than one part?  If so, please provide detail of how the building will be reconnected showing compliance with NZBC B1 and E2 | | | | | | | | Yes | No | | N/A |
| Please provide current photos for all elevations | | | | | | | | Yes | No | | N/A |
| Yes |  |  | | | Please specify how you would like to receive your approved documents:  Email (**Limited by file size** – also choose a backup option from below)  Printed ($50.00 then $50.00 for an additional copy plus admin time) Plans only printed to a **maximum size of A3**  *Due to this the scale of plans may be affected* | | | | | | | | Yes | No | | N/A |
| ***ADDITIONAL FEES***  ***Please be aware that additional fees may be applied after lodgment deposit is paid, for inspections, processing, certificates, government levies and the like.*** | | | | | | | | | | | | | | | | |
| **Person completing checklist:** | | | | | | | | | | | | | | | | |
| Name to be on invoice: | | | Tim and Marion Killalea | | | | | | | | | | | | | |
| Deposit payment  details: | | | Email deposit request to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(email address)*  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(eg. Cash / eftpos / chq attached)* | | | | | | | | | | | | | |
| Signature: | | |  | | | | Agent  Owner  Other: | | | | |  | | | | |
| Name of person signing: | | |  | | | | | | | | Date: |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **COUNCIL USE ONLY** | | | | | | | | | | | | | | | | |
| **Outcome of decisions – Council Use Only** | | | | | | | | | | **Officer** | | | **Date** | | **Time** | |
| □ This application was not accepted for lodgement because documentation was incomplete | | | | | | | | | |  | | |  | |  | |
| □ This application needs to be re-vetted | | | | | | | | | |  | | |  | |  | |
| □☻ Documentation is now complete and the application is accepted for lodgement | | | | | | | | | |  | | |  | |  | |
| □ Application will now proceed for compliance checking | | | | | | | | | |  | | |  | |  | |
| **Project Type** | | | | | | | | | | | | | | | | |
| **RBW** | Yes☐No☻ ☐ | | | **Type** | | PIM ☐ CIM ☐ PIM/BC ☐ BC ☐ | | **Category** | R1☻ ☐ R2 ☐ R3 ☐ C1 ☐ C2 ☐ C3 ☐ | | | | | | | |