



APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE

(FORM 11)

Section 106, Building Act 2004

1. THE BUILDING

Street address of building:

.....

[If no street address – details of nearest intersection]

Legal description of land where building is located: Lot DP.....

Site area:m². Sec Block.....

Building name: Valuation Number

Location of building within site/block number: *[Include nearest street access]*

.....

Level /Unit Number:

Current, lawfully established, use: *[Include no. of occupants per level and per use if more than 1]*

.....

2. THE OWNER

Name of Owner:

Contact person

Mailing address:

Street address/registered office:

Phone No.: Landline:

Mobile:

Daytime:

After hours:

Facsimile:

Email:

Website:

THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED:

- Certificate of Title Lease Agreement
 Agreement for Sale and Purchase Other document

3. AGENT *[Only required if application is being made on behalf of the owner]*

Name of Agent:

Contact person:

Mailing address:

Street address/registered office:

Phone No.: Landline:

Mobile:

Daytime:

After hours:

Facsimile:

Email:

Website:

Relationship with owner: *[State details of the authorisation from the owner to make the application on the owner's behalf]*

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FIRST POINT OF CONTACT for communications with the Council / Building Consent Authority: Owner Agent

Or: *(If different to above details)* Name :..... Email :.....

Mailing Address :..... Phone :..... Facsimile :.....

Invoice to be sent to

4. APPLICATION

I request that the compliance schedule for the above building be amended as follows:

SPECIFIED SYSTEMS	Tick if change required	Amendment required	Reason
SS1 Automatic Sprinkler Systems	<input type="checkbox"/>		
SS2 Emergency Warning Systems	<input type="checkbox"/>		
SS3.1 Automatic Doors	<input type="checkbox"/>		
SS3.2 Access Controlled Doors	<input type="checkbox"/>		
SS3.3 Interfaced Fire or Smoke Doors or Windows	<input type="checkbox"/>		
SS4 Emergency Lighting Systems	<input type="checkbox"/>		
SS5 Escape Routes Pressurisation Systems	<input type="checkbox"/>		
SS6 Riser Mains	<input type="checkbox"/>		
SS7 Auto Back-Flow Preventers	<input type="checkbox"/>		
SS8.1 Passenger Carrying Lifts	<input type="checkbox"/>		
SS8.2 Service Lifts	<input type="checkbox"/>		
SS8.3 Escalators and Moving Walks	<input type="checkbox"/>		
SS9 Mechanical Ventilation / Air Con Systems	<input type="checkbox"/>		
SS10 Building Maintenance Units	<input type="checkbox"/>		
SS11 Laboratory Fume Cupboards	<input type="checkbox"/>		
SS12.1 Audio Loops	<input type="checkbox"/>		
SS12.2 FM Radio Frequency Systems	<input type="checkbox"/>		
SS13.1 Mechanical Smoke Control	<input type="checkbox"/>		

SPECIFIED SYSTEMS		Tick if change required	Amendment required	Reason
SS13.2	Natural Smoke Control	<input type="checkbox"/>		
SS13.3	Smoke Curtains	<input type="checkbox"/>		
SS14.1	Emergency Power Systems for SS1 – 13	<input type="checkbox"/>		
SS14.2	Signs for SS1 – 13	<input type="checkbox"/>		
SS15.1	Systems for Communicating Evacuation	<input type="checkbox"/>		
SS15.2	Final Exits	<input type="checkbox"/>		
SS15.3	Fire Separations	<input type="checkbox"/>		
SS15.4	Signs	<input type="checkbox"/>		
SS15.5	Smoke Separations	<input type="checkbox"/>		
SS16	Cable Cars	<input type="checkbox"/>		

SPECIFIED SYSTEMS PLAN ATTACHED Yes No

9. ATTACHMENTS

<p>The following documents are attached to this application: <i>[Tick as applicable]</i></p> <p><input type="checkbox"/> Copy of existing compliance schedule</p> <p><input type="checkbox"/> Any other documents</p>

Name:

Signature:

Date:

The signature is that of the Owner OR the Agent on behalf of and with the approval of the Owner.