



**PROJECT INFORMATION MEMORANDUM
AND/OR BUILDING CONSENT APPLICATION**

(FORM 2)

Section 33 or section 45, Building Act 2004

FOR OFFICE USE

Project No.: _____

Date Received: _____

1. THE BUILDING *[If item is not applicable put NA in the space]*

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]*

Number of levels: *[Above & below ground]* Level /Unit Number:

Floor area: (sq. m) *[Indicate area affected by the building work].*

Current, lawfully established, use: Year First Constructed :.....

[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:

Mail address:

Street address/registered office:

Phone No.: Landline:

Mobile:

Daytime:

After hours:

Facsimile:

Email:

Website:

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

.....

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 you issue a *(for the building work described in this application)*

Project Information Memorandum (PIM)

Project Information Memorandum (PIM) and Building Consent

Building Consent The existing PIM No [If applicable] is :

Amendment to an existing Building Consent. The existing BC No is :

State the reference number if this application involves a National Multiple Use Approval:

Name:

Signature: Date:

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

5. THE PROJECT

DESCRIPTION OF BUILDING WORK: *(Provide sufficient information below to enable scope of work to be fully understood)*

.....

.....

.....

Current use of building: *[E.g. Home, implement shed, office]*

Will the building work result in a change of use of the building? Yes No. If Yes, provide details of the new use of the building:

.....

.....

Intended life of the building if less than 50 years:[Years]

List Building Consents previously issued for this project *(if any)*:

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]*

6. RESTRICTED BUILDING WORK

Will the building work include any restricted building work? Yes No

If Yes, provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work *(If these details are un-known at the time of the application, they must be supplied before the building work begins.)*:

Name	Licensing Class	Licensed Building Practitioner Number <i>(or registration number if treated as being licensed under section 291 of the Building Act 2004)</i>

Note: Continue on another page if necessary

ALSO REFER NUMBER 11 FOR CONTACTS INFORMATION BELOW

7. PROJECT INFORMATION MEMORANDUM *[Do not fill in this section if the application is for a building consent only]*

The following matters are involved in the project: *[Tick the matters relevant to the project]*

- Subdivision
- Alterations to land contours *[e.g. digging out the site for a building platform]*
- New or altered connections to public utilities *[e.g. Council sewer, storm water or water mains]*
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of storm water and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the Territorial Authority: *[Specify]*

.....

8. BUILDING CONSENT

The following plans and specifications are attached to this application:

THE BUILDING WORK WILL COMPLY WITH THE BUILDING CODE AS FOLLOWS

Building Code Clause <i>Tick relevant clauses</i>	Means of Compliance <i>(Please detail compliance paths below)</i>				
	Acceptable Solution <i>(Please provide details)</i>	NZS4121 Accessible Design	Verification Method	Alternative Solution	Waiver or Modification?
<input type="checkbox"/> B1 Structure					
<input type="checkbox"/> B2 Durability					
<input type="checkbox"/> C1-C6 Fire Safety clauses					
<input type="checkbox"/> D1 Access Routes					
<input type="checkbox"/> D2 Mechanical installations for access					
<input type="checkbox"/> E1 Surface water					
<input type="checkbox"/> E2 External moisture					
<input type="checkbox"/> E3 Internal moisture					
<input type="checkbox"/> F1 Hazardous agents on site					
<input type="checkbox"/> F2 Hazardous building materials					
<input type="checkbox"/> F3 Hazardous substances and processes					
<input type="checkbox"/> F4 Safety from falling					
<input type="checkbox"/> F5 Construction and demolition hazards					
<input type="checkbox"/> F6 Lighting for emergency					
<input type="checkbox"/> F7 Warning systems (smoke detectors)					
<input type="checkbox"/> F8 Signs					
<input type="checkbox"/> F9 Restricting access to residential pools					
<input type="checkbox"/> G1 Personal hygiene					
<input type="checkbox"/> G2 Laundering					
<input type="checkbox"/> G3 Food prep. and prevention of contamination					
<input type="checkbox"/> G4 Ventilation					
<input type="checkbox"/> G5 Interior environment					
<input type="checkbox"/> G6 Airborne and impact sound					
<input type="checkbox"/> G7 Natural light					
<input type="checkbox"/> G8 Artificial light					
<input type="checkbox"/> G9 Electricity					
<input type="checkbox"/> G10 Piped services					
<input type="checkbox"/> G11 Gas as an energy source					
<input type="checkbox"/> G12 Water supplies					
<input type="checkbox"/> G13 Foul water					
<input type="checkbox"/> G14 Industrial liquid waste					
<input type="checkbox"/> G15 Solid waste					
<input type="checkbox"/> H1 Energy efficiency provisions					

9. COMPLIANCE SCHEDULE (specified systems are defined in the regulations – only applicable to some commercial properties)

There are **no** specified systems in the building or

The specified systems for the building are as follows:

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

SPECIFIED SYSTEMS		Existing	Add	Alter	Remove	SS1 – SS16 Form Attached
SS1	Automatic Sprinkler Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS2	Emergency Warning Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS3.1	Automatic Doors and Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS3.2	Access Controlled Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS3.3	Interfaced Fire or Smoke Doors or Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS4	Emergency Lighting Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS5	Escape Routes Pressurisation Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS6	Riser Mains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS7	Auto Back-Flow Preventers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS8.1	Passenger Carrying Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS8.2	Service Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS8.3	Escalators and Moving Walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS9	Mechanical Ventilation / Air Con Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS10	Building Maintenance Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS11	Laboratory Fume Cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12.1	Audio Loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12.2	FM Radio Frequency Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13.1	Mechanical Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13.2	Natural Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13.3	Smoke Curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14.1	Emergency Power Systems for SS1 – 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14.2	Signs for SS1 – 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15.1	Systems for Communicating Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15.2	Final Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15.3	Fire Separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15.4	Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15.5	Smoke Separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS16	Cable Cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIFIED SYSTEMS PLAN ATTACHED		<input type="checkbox"/> Yes		<input type="checkbox"/> No		

9. ATTACHMENTS

The following documents are attached to this application: [Tick as applicable]

Plans and specifications (list)

Memoranda from licensed building practitioner(s) who carried out or supervised any design work that is restricted building work

Project Information Memorandum Development contribution notice Certificate attached to Project Information Memorandum

Other information relevant to this application: [Please specify]:

.....

Note: All plans and specifications are to be bound and indexed – application will be returned if not

10. CONTACTS (involved in this project)

Designer
Name(s):
Postal Address:
.....
Mobile: Daytime:
Reg No: Email:

Engineer
Name(s):
Postal Address:
.....
Mobile: Daytime:
Reg No: Email:

Builder
Name(s):
Postal Address:
.....
Mobile: Daytime:
Reg No: Email:

Gasfitter
Name(s):
Postal Address:
.....
Mobile: Daytime:
Reg No: Email:

Drain layer
Name(s):
Postal Address:
.....
Mobile: Daytime:
Reg No: Email:

Plumber
Name(s):
Postal Address:
.....
Mobile: Daytime:
Reg No: Email:

Electrician
Name(s):
Postal Address:
.....
Mobile: Daytime:
Reg No: Email:

Other
Name(s):
Postal Address:
.....
Mobile: Daytime:
Reg No: Email:

APPENDIX

**STATUTORY DECLARATION BY OWNER
APPOINTMENT OF AGENT TO ACT ON BEHALF OF THE OWNER**

I, <i>(Name)</i>
Of <i>(Physical Address/Place of abode)</i>
Authorise and appoint: <i>(Name of Agent)</i>
Of <i>(Name of Company)</i>
As our agent during our project.
Please choose one: <input type="checkbox"/> Agent – full project: The Agent will be the first point of contact for communications with the council/Building Consent Authority regarding this application/building work and will receive all correspondence including all invoices/refunds. <input type="checkbox"/> Agent – building consent processing only: The Agent will be the first point of contact for communications with the council/Building Consent Authority regarding this application and will receive all correspondence including all invoices/refund until the consent has been granted. Once the consent has been granted, the owner will receive all correspondence and invoices/refunds
Signature: _____ Date: _____

ATTACHMENTS – Office Use Only

- Current Certificate of Title
- Evidence of ownership of property (if Title not in applicant's name e.g. Sales & Purchase Agreement)
- Written authorization from owner for Agency acting on their behalf (use attached template)

Plans and Specification for the Project as follows:

- Two copies of all plans and installation details plus an extra copy of site plan, floor plans and elevations.
- All plans should be legible and drawn to a relevant scale
- Schedule of New Zealand Building Code Assessment (Attached to this application form)
- Relevant site plans, with contours
- Floor Plans for each level
- Foundation layouts
- Subfloor framing layouts
- Smoke alarms – If appropriate are these indicated on floor plan
- Installation Details of the fire and chimney (If appropriate as part of this application)
- Elevations with ground lines and finished floor levels shown
- Drainage Plans
- H1/AS1 Energy Value Schedule or R Values on Cross Sections
- Roof framing and bracing layouts
- Wall and floor framing and bracing layouts
- Relevant construction detail (flashings, connections etc)
- Specifications
- Supplied fully completed compliance schedule checklist (commercial applications only checklist on application)
- Producer Statement. - if part of this application check inclusion (Not a technical check of author competency or content)
- Restricted Building Work – Memoranda (Certificate of Design Work) attached.
- Are all sections of the application form completed particularly the section detailing the building i.e. year constructed and lawfully intended use etc.

**A '✓' – Means that item has been provided, checked for completeness and application is acceptable for lodgement
If box is "blank" or N/A inserted – Means that this item is not relevant for the particular submission.**

Received by KDC: _____ Date:- _____

For Office Use

Receipt Number: _____

Fees Paid: _____

Date Received: _____

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