



APPLICATION FOR CERTIFICATE OF ACCEPTANCE (FORM 8)

Section 97, Building Act 2004

FOR OFFICE USE

Project No.: _____

Date Received: _____

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]*

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 :

(Add no. of occupants per level and per use if more than 1. If use was changed by the building work this application relates to, state previous use)

2. OWNER

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

Name of Agent:

Contact person:

Mailing 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 Certificate of Acceptance for the building work described in this application.

Name:Signature:Date:

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

5. BUILDING WORK

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

.....

Date building work carried out:.....

The personnel who carried out the building work are as follows: (list names, address, phone numbers and (where relevant) registration numbers below:

Name	Address	Phone number	Registration number

(Continue on a separate sheet if necessary).

Did 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 50 years or less: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)

The following plans and specifications are attached to this application:

Reasons why a certificate of acceptance is required: (please tick relevant box)

The owner, or the owner's predecessor in title, carried out the building work for which a building consent was required, but a building consent was not obtained because:

A building consent could not practicably be obtained in advance because the building work had to be carried out urgently:

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)*

6. COMPLIANCE SCHEDULE: the specified systems for the building are as follows *(specified systems are defined in the regulations)*

- There are **no** specified systems in the building or
 The following specified systems were 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]*

- Project Information Memorandum
- Energy work certificate
- Certificates from personnel who carried out the building work
- Plans and specifications
- Other information relevant to this application: *[Please specify]*:

.....

.....

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: _____

For Office Use

Receipt Number: _____

Fees Paid: _____

Date Received: _____