

Mackenzie District Council



Application for a Certificate of Acceptance

Section 97, Building Act 2004

Send or deliver your application to: Mackenzie District Council, PO Box 52, Main Street, Fairlie or Mackenzie District Council, Market Place, Twizel. For enquiries phone (03) 685-8514.

Application #

The Building

Street address of building:

Legal description of land where building is located:

[state legal description as at the date of application and, if the land is proposed to be subdivided, 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: *total floor area [indicate area affected by the building work if less than the total 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: c1920s or 1960-1970]*

The Owner

Name of Owner: *[include preferred form of title, eg, Mr, Miss, Dr, if an individual]*

Contact Person: *[only required if different from Owner]*

Mailing address:

Street address/Registered office:

Contact details:

Landline: _____

Mobile: _____

Daytime: _____

After hours: _____

Facsimile number: _____

Email: _____

Please attach one of the following as evidence of ownership to this application:

copy of certificate of title, lease, agreement for sale and purchase, or other document no older than 3 months showing full name of legal owner(s) of the building

Agent

Name of Agent: *[only required if application is being made on behalf of the owner]*

Contact Person:

Mailing address:

Street address/Registered office:

Contact details:

Landline: _____

Mobile: _____

Daytime: _____

After hours: _____

Facsimile number: _____

Email: _____

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

First point of contact

[if different from Owner or Agent]

Name of contact:

Mailing address:

Street address/Registered office:

Contact details:

Landline: _____

Mobile: _____

Daytime: _____

After hours: _____

Facsimile number: _____

Email: _____

I request that you issue a certificate of acceptance for the building work described in this application.

Signed by the owner OR

Signature: _____

Name: _____

Date: _____

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

Signature: _____

Name: _____

Date: _____

Building Work

Description of the building work:

Date building work carried out:

Concreter:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Joiner:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Tanking applicator:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Plasterer/textured coater:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Gasfitter:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Electrician:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Plumber:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Drainlayer:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Carpenter:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Brick/Block layer:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Facsimile: _____

Registration/qualification: _____

Deck/roof membrane applicator:

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

Roofer:

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

Concealed fascia installer:

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

Others:

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

Did the building work result in a change of use of the building? (ie Commercial, Industrial, Residential) Yes No

If yes, provide details of the new use:

Intended life of the building if less than 50 years:

_____ years

List building consents previously issued for this project (if any): *[list who issued the consent, the date of issue and the consent number]*

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: *[tick boxes applicable]*

- specifications calculations plans
 producer statement other _____ *please specify*

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

Reasons why a certificate of acceptance is required: *[tick boxes applicable]*

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

- A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: *[delete one of the following]*

(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]*

Reasons why a certificate of acceptance is required (continued): [tick boxes applicable]

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]

Compliance Schedule

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

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

	Existing	New	Altered	Added	Removed
<input type="checkbox"/> There are no specified systems in the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Car (including to individual dwelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic systems for fire suppression (for example, sprinkler systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riser mains for Fire Service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any automatic back-flow preventer connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of escape from fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency power systems for, or signs relating to, a system or feature specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of access and facilities for use by persons with disabilities which meet the requirements of section 118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held hose reels for fire fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Such signs as are required by the Building Code or by section 120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachments

The following documents are attached to this application: [tick boxes applicable]

- Project information memorandum
- Plans and specifications
- Certificates from personnel who carried out the building work
- Energy work certificate
- Certificates from personnel who supervised the building work
- Investigatory Reports

Council use only:

Mail Desk