



MACKENZIE DISTRICT COUNCIL APPLICATION FOR CODE COMPLIANCE CERTIFICATE

TS-33

Section 92, Building Act 2004:

Send or deliver this application to either:
Mackenzie District Council, PO Box 52, Fairlie
Mackenzie District Council, Market Place, Twizel.

For enquiries phone (03) 685 8514

THE BUILDING CONSENT

Building Consent Number:

Issued by:

THE OWNER

Name of owner: (include preferred form of title, eg: Mr Miss, Dr, if an individual)

Contact person: (only required if different from the owner)

Mailing address:

Street address/Registered Office:

Contact details:

Landline: _____ Mobile: _____

Daytime: _____ After hours: _____

Fax Number: _____ Email: _____

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

Copy of Certificate of title/lease/agreement of sale and purchase/or other document no older than 3 months showing full name of legal owner(s) of the building.

THE 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: _____

Fax Number: _____ Email: _____

Relationship to Owner: (state details of the authorisation from the owner to make the application on the owners behalf)

FIRST POINT OF CONTACT (If different from the Owner or Agent)

Name of contact:

Mailing address:

Street address/Registered Office:

Contact details:

Landline: _____ Mobile: _____

Daytime: _____ After hours: _____

Fax Number: _____ Email: _____

APPLICATION

All building work to be carried out under the above building consent was completed on:

The personnel who carried out this work are as follows:

Concreter:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Product Name: _____

Manufacturer: _____

Joiner:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Product Name: _____

Manufacturer: _____

Tanking Applicator:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Product Name: _____

Manufacturer: _____

Plasterer/textured coater:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/Qualification: _____

Product Name: _____

Manufacturer: _____

<p>Gasfitter:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>	<p>Electrician:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>
<p>Plumber:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>	<p>Drainlayer:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>
<p>Carpenter:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>	<p>Brick/Blocklayer:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>
<p>Deck/roof membrane applicator:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p> <p>Product Name: _____</p> <p>Manufacturer: _____</p>	<p>Roofer:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p> <p>Product Name: _____</p> <p>Manufacturer: _____</p>
<p>Concealed fascia installer:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p> <p>Product Name: _____</p> <p>Manufacturer: _____</p>	<p>Others:</p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p> <p>Product Name: _____</p> <p>Manufacturer: _____</p>

I request that you issue a Code Compliance Certificate for this work under Section 95 of the Building Act 2004.

The Code Compliance Certificate should be sent to: (state which address, and whether owner or agent)

Signed by the owner OR:

Signature: _____

Name: _____

Date: _____

Signed by the Agent: (on behalf of, or with authority from, the owner)

Signature: _____

Name: _____

Date: _____

ATTACHMENTS

The following documents are attached to this application: (tick boxes applicable)

- Certificates from personnel who carried out the building work
- Certificates that relate to energy work
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent.

COUNCIL USE ONLY:

Mail

Desk
