

# Application for Amendment to Compliance Schedule

(Section 106, Building Act 2004)

## Form 11

Compliance Schedule N<sup>o</sup>:

### THE BUILDING

Street address of building: \_\_\_\_\_

*[for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection]*

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: \_\_\_\_\_

Location of building within site/block number: \_\_\_\_\_

*[include nearest street access]*

Level/unit number: \_\_\_\_\_

Current, lawfully established use: \_\_\_\_\_

*[include number of occupants per level and per use if more than one]*

### THE OWNER

Name of owner: \_\_\_\_\_

*[include preferred form of address e.g. Mr, Miss, Dr, if an individual]*

Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street address/registered office: \_\_\_\_\_

Phone number (daytime): \_\_\_\_\_

Phone number (after hours): \_\_\_\_\_

Mobile number: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website address: \_\_\_\_\_

Evidence of ownership: \_\_\_\_\_

*[copy of certificate of title, lease, agreement for sale and purchase, or other document showing full name of legal owners(s) of the building]*

### THE 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 number (daytime): \_\_\_\_\_

Phone number (after hours): \_\_\_\_\_

Mobile number: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website address: \_\_\_\_\_

Relationship with Owner: \_\_\_\_\_

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

First point of contact for  
communications with the Council: \_\_\_\_\_

*[state full name, mailing address, phone numbers(s), facsimile numbers(s) and email address(es)]*

**APPLICATION:**

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

SPECIFIED SYSTEM	AMENDMENT	REASON
<input type="checkbox"/> SS1 – Automatic Systems for Fire Suppression		
<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 Route Pressurisation Systems		
<input type="checkbox"/> SS6 – Riser Mains		
<input type="checkbox"/> SS7 – Automatic Backflow 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 or Air Conditioning 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 & Infrared Beam Transmission Systems		
<input type="checkbox"/> SS13.1 – Mechanical Smoke Control		
<input type="checkbox"/> SS13.2 – Natural Smoke Control		
<input type="checkbox"/> SS13.3 – Smoke Curtains		
<input type="checkbox"/> SS14.1 – Emergency Power Systems 1 - 13		
<input type="checkbox"/> SS14.2 – Signs for Systems 1 - 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 for Facilitating Evacuation		
<input type="checkbox"/> SS15.5 – Smoke Separations		
<input type="checkbox"/> SS16 – Cable Cars		

**ATTACHMENTS:**

<input type="checkbox"/> Copy of existing Compliance Schedule
<input type="checkbox"/> Completed Specified Systems Forms SS1-SS16 (one for each system being altered)

**SIGNATURE [of owner/agent on behalf of, and with the authority of the owner]:**

<input type="checkbox"/> Owner or <input type="checkbox"/> Agent	Signature:
Name of person signing:	Date: ____/____/____

