

## Form 8 - Application for a Certificate of Acceptance

TS-36 AP 6.0 22/4/2015

### Section 97, 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 9010

### OFFICE USE:

Application  
# Category 1,2,3,PR  
PIM, Planning, Drainage, Roothing

### The Building

<b>Street address of building:</b>	
<b>Legal description of land where building is located:</b> (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 consents)	
<b>Building name:</b> (If applicable)	
<b>Location of building within site:</b> (Include nearest street access)	
<b>Number of levels:</b> (Include ground level and any levels below ground)	
<b>Level/Unit Number:</b> (If applicable)	
<b>Area:</b> (total floor area – indicate area affected by the building work if less than the total area)	
<b>Current, lawfully established, use:</b> (include number of occupants per level and per use if more than 1 level)	
<b>Year first constructed:</b> (insert year, approximate date is acceptable eg: c1920's or 1960-1970)	

## The Owner

<b>Name of owner:</b> (include preferred form of title, eg: Mr Miss, Dr, if an individual)	
<b>Contact person:</b> (only required if different from owner)	
<b>Mailing address:</b>	
<b>Street address / Registered Office:</b>	
<b>Phone - Landline:</b>	
<b>Mobile:</b>	
<b>Daytime:</b>	
<b>After hours:</b>	
<b>Facsimile:</b>	
<b>Email:</b>	
<b>Website:</b>	

### The following evidence of ownership is attached:

- |  |  |
|--|--|
| <input type="checkbox"/> Record of Title                 | <input type="checkbox"/> Lease Agreement   |
| <input type="checkbox"/> Agreement for Sale and Purchase | <input type="checkbox"/> or other document no older than 3 months showing full name of legal owner(s) of the building. |

## The Agent

(only required if application is being made on behalf of the owner)

<b>Name of Agent:</b>	
<b>Contact person:</b>	
<b>Mailing address:</b>	
<b>Street address / Registered Office:</b>	
<b>Phone - Landline:</b>	
<b>Mobile:</b>	
<b>Daytime:</b>	
<b>After hours:</b>	
<b>Facsimile:</b>	
<b>Email:</b>	
<b>Website:</b>	
<b>Relationship to Owner:</b> (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)

<b>Name of contact:</b>	
<b>Mailing address:</b>	
<b>Street address/Registered Office:</b>	
<b>Phone - Landline:</b>	
<b>Mobile:</b>	
<b>Facsimile:</b>	
<b>Email:</b>	

## Request

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

**Signed by the owner OR:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed by the Agent:**

(on behalf of, or with authority from, the owner)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Building Work

Description of the building work:

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Date building work carried out:

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Concreter:

**Business/name:**

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Joiner:

**Business/name:**

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Tanking Applicator:

**Business/name:**

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Plasterer/textured coater:

**Business/name:**

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Gasfitter:

**Business/name:**

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Electrician:

**Business/name:**

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Plumber:

<b>Business/name:</b>	
<b>Address:</b>	
<b>Daytime:</b>	
<b>Mobile:</b>	
<b>After hours:</b>	
<b>Fax:</b>	
<b>Registration / Qualification:</b>	

Drainlayer:

<b>Business/name:</b>	
<b>Address:</b>	
<b>Daytime:</b>	
<b>Mobile:</b>	
<b>After hours:</b>	
<b>Fax:</b>	
<b>Registration / Qualification:</b>	

Carpenter:

<b>Business/name:</b>	
<b>Address:</b>	
<b>Daytime:</b>	
<b>Mobile:</b>	
<b>After hours:</b>	
<b>Fax:</b>	
<b>Registration / Qualification:</b>	

Brick/Blocklayer:

<b>Business/name:</b>	
<b>Address:</b>	
<b>Daytime:</b>	
<b>Mobile:</b>	
<b>After hours:</b>	
<b>Fax:</b>	
<b>Registration / Qualification:</b>	

Deck/roof membrane applicator:

<b>Business/name:</b>	
<b>Address:</b>	
<b>Daytime:</b>	
<b>Mobile:</b>	
<b>After hours:</b>	
<b>Fax:</b>	
<b>Registration / Qualification:</b>	

Roofer:

<b>Business/name:</b>	
<b>Address:</b>	
<b>Daytime:</b>	
<b>Mobile:</b>	
<b>After hours:</b>	
<b>Fax:</b>	
<b>Registration / Qualification:</b>	

Concealed fascia installer:

<b>Business/name:</b>	
<b>Address:</b>	
<b>Daytime:</b>	
<b>Mobile:</b>	
<b>After hours:</b>	
<b>Fax:</b>	
<b>Registration / Qualification:</b>	

Others:

<b>Business/name:</b>	
<b>Address:</b>	
<b>Daytime:</b>	
<b>Mobile:</b>	
<b>After hours:</b>	
<b>Fax:</b>	
<b>Registration / Qualification:</b>	

## Use of the building

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, date of issue and the consent number)

Estimated value of the building work on which the building levy will be calculated  
(including GST):

(state estimated values as defined in section 7 of the Building Act 2004)

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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 is 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)

☐ 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)



## Specified Systems

☐ There are no specified systems

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

		Existing	New	Altered	Added	Removed
SS 1	Automatic systems for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 2	Automatic or manual emergency warning systems for fire or other emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 3	Electromagnetic or automatic doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 4	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 5	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 6	Riser mains for use by fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 7	Automatic back-flow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 8	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"/>
SS 9	Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 10	Building maintenance units providing access to exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 12	Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 13	Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 14	Emergency power systems for, or signs relating to, a system or feature specified in any of SS 1 to SS 13 above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 15	Other fire safety systems or features (systems for communicating information intended to facilitate evacuation, final exits, fire separations, signs, smoke separations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 16	Cable cars	<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 carried out the building work
  - ☐ Energy work certificate
  - ☐ Certificates from personnel who supervised the building work
  - ☐ Investigatory reports
- 

**Council use only:**

- ☐ Mail
- ☐ Desk