



MACKENZIE COUNCIL APPLICATION FOR CODE COMPLIANCE CERTIFICATE FORM 6

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 9010

*** EMAIL APPLICATION TO BUILDING@MACKENZIE.GOVT.NZ ***

THE BUILDING CONSENT

Building Consent Number:

Issued By: Mackenzie District Council

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 Record of Title Lease Agreement of sale and purchase or other document showing full name of legal owner(s) of the building Refer to documents provided with Building Consent application

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:	

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			
<p>*All building work to be carried out under the above building consent was completed on: _____ / _____ / _____</p> <p>*Note: this section MUST be completed</p> <p>The Licensed Building Practitioner(s) (LBP) who carried out or supervised the restricted building work is/are as follows:</p>			
Name	Licensing Class	Licensed building practitioner number (or a registration number if treated as being licensed under section 291 of Act)	Particular work carried out or supervised

The personnel who carried out building work other than restricted building work are as follows:

Other:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

LBP No:/Reg No: _____

Product Name: _____

Manufacturer: _____

Other:

Business/name: _____

Address: _____

Daytime: _____ Mobile: _____

After hours: _____ Fax: _____

LBP No/Reg No: _____

Product Name: _____

Manufacturer: _____

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:

Residential Building

***Please do not fill in this section and proceed to the next section unless the building includes a cable car*

Commercial/Industrial Building

***Complete the below section listing specified systems if you have an existing compliance schedule and/or addition to specified systems*

<input type="checkbox"/>	SS 1	Automatic Systems for Fire Suppression	<input type="checkbox"/>	SS 11	Laboratory Fume Cupboards
<input type="checkbox"/>	SS 2	Emergency Warning Systems	<input type="checkbox"/>	SS 12.1	Audio Loops
<input type="checkbox"/>	SS 3.1	Automatic Doors & Windows	<input type="checkbox"/>	SS 12.2	FM Radio Frequency Systems
<input type="checkbox"/>	SS 3.2	Access Controlled Doors	<input type="checkbox"/>	SS 13	Mechanical Smoke Control
<input type="checkbox"/>	SS 3.3	Interfaced Fire / Smoke Doors / Windows	<input type="checkbox"/>	SS13.2	Natural Smoke Control
<input type="checkbox"/>	SS 4	Emergency Lighting Systems	<input type="checkbox"/>	SS 13.3	Smoke Curtains

<input type="checkbox"/>	SS 5	Escape Route Pressurisation Systems	<input type="checkbox"/>	SS 14.1	Emergency Power Systems for SS 1 – 13
<input type="checkbox"/>	SS 6	Riser Mains	<input type="checkbox"/>	SS 14.2	Signs for SS 1 – 13
<input type="checkbox"/>	SS 7	Auto Backflow Preventers	<input type="checkbox"/>	SS 15.1	Systems for Communicating Evacuation
<input type="checkbox"/>	SS 8.1	Passenger Carrying Lifts	<input type="checkbox"/>	SS 15.2	Final Exits
<input type="checkbox"/>	SS 8.2	Service Lifts	<input type="checkbox"/>	SS 15.3	Fire Separations
<input type="checkbox"/>	SS 8.3	Escalators & Moving Walks	<input type="checkbox"/>	SS 15.4	Signs
<input type="checkbox"/>	SS 9	Mechanical Vent / Air Con Systems	<input type="checkbox"/>	SS 15.5	Smoke Separations
<input type="checkbox"/>	SS10	Building Maintenance Units			

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) **Name:**

Postal Address:

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Signed by the owner

OR:

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

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____

ATTACHMENTS

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

- Other documents from personnel who carried out the work
- Memoranda from licensed building practitioner(s) stating what restricted building work the carried out or supervised
- Evidence of ownership
- 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