

# MACKENZIE DISTRICT COUNCIL

## APPLICATION FOR A CERTIFICATE FOR PUBLIC USE

**TS-47**  
**CATEGORY 1,2,3,PR**  
**AP 7.0**  
**30.06.25**

### THE PREMISES/PART OF PREMISES for which this certificate is sought:

Street Address: \_\_\_\_\_

What is the extent of the building that is proposed to be used by the public?:

☐ All of the building

☐ Part of the building (Describe the part of the building to be used and attach plans that are clearly marked to identify this area)

### THE BUILDING CONSENT(S)

This work relates to the following building consent project numbers issued by the Mackenzie District Council

BC \_\_\_\_\_ BC \_\_\_\_\_ BC \_\_\_\_\_

#### APPLICANT (person who owns, occupies or controls premises)

Full Name(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address/Registered Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### AGENT – FIRST POINT OF CONTACT (Must be authorised by the owner to make this application)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address/Registered Office: \_\_\_\_\_

Phone: Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to owner: \_\_\_\_\_

### THE OWNER (as defined by the Building Act) - if not applicant

Full Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I confirm that no Code Compliance Certificate has been issued for the building work.

It is intended to permit members of the public to use the premises/part of premises described above for the following purposes and the following circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Members of the public can safely use the premises/part of premises described above.

I request that you issue, under Section 363A of the Building Act 2004, a Certificate for Public Use for the premises/part of premises described above.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of : \_\_\_\_\_  
(Print name)

Owner/Agent on behalf of and with the consent of the owner  
(Delete one)

**ATTACHMENTS TO THIS APPLICATION**

- ☐ Plans showing the part of the premises described above
- ☐ Evidence of the applicant's status as owner/occupier/person in control (eg, copy of Certificate of Title, agreement for sale and purchase, licence, or property management agreement, being a document that shows the full name of the applicant)
- ☐ Certificates, Producer Statements as listed below
- ☐ A management plan for the safety of people during ongoing work

**SAFETY ISSUES TO BE CONSIDERED**

	<b>Building Code Clause</b>	<b>Suggested Information</b>	<b>Notes</b>	<b>Information provided (ie Producer Statement)</b>
Structure	B1	Producer Statement – Construction from Structural Engineer, or Council inspection for non specific design		
Fire safety	C1 – C4, F6, F7	Producer Statement – Construction from Fire Engineer, or Council inspection for non specific design		
Access routes	D1	Council inspection	Slip resistance, handrails	
Hazardous substances	F1 – F3	Council inspection		
Safety from falling	F4	Council inspection	Balustrades to be installed	
Food preparation	G3	Council inspection		
Ventilation	G4	Producer Statement – Construction from Mechanical Engineer or Council inspection for natural ventilation		
Electricity	G9	Electricians Energy Certificate		
Gas	G11	Gasfitters Energy Certificate		

**WHO IS INVOLVED IN THIS PROJECT?**

<input type="checkbox"/> <b>Structural Engineer</b>	<b>Name</b>	<b>Phone</b>	<b>Reg. No.</b>
	<b>Address</b>	<b>Fax</b>	
<input type="checkbox"/> <b>Fire Engineer</b>	<b>Name</b>	<b>Phone</b>	<b>Reg. No.</b>
	<b>Address</b>	<b>Fax</b>	
<input type="checkbox"/> <b>Mechanical Engineer</b>	<b>Name</b>	<b>Phone</b>	<b>Reg. No.</b>
	<b>Address</b>	<b>Fax</b>	
<input type="checkbox"/> <b>Designer</b>	<b>Name</b>	<b>Phone</b>	<b>Reg. No.</b>
	<b>Address</b>	<b>Fax</b>	
<input type="checkbox"/> <b>Builder</b>	<b>Name</b>	<b>Phone</b>	<b>Reg. No.</b>
	<b>Address</b>	<b>Fax</b>	
<input type="checkbox"/> <b>Registered Electrician</b>	<b>Name</b>	<b>Phone</b>	<b>Reg. No.</b>
	<b>Address</b>	<b>Fax</b>	
<input type="checkbox"/> <b>Craftsman Gasfitter</b>	<b>Name</b>	<b>Phone</b>	<b>Reg. No.</b>
	<b>Address</b>	<b>Fax</b>	