

		Doc Ref	TS- Application for Building Consent for Solid/Liquid Fuel Heating Appliances Application Form 4
		Date	May 2009

APPLICATION FOR BUILDING CONSENT FOR SOLID/LIQUID FUEL HEATING APPLIANCES

Section 33, Building Act 2004

<p>THE BUILDING</p> <p>Street No. / RAPID No: _____</p> <p>Street / Road Name: _____</p> <p>Locality: _____</p> <p>LEGAL DESCRIPTION</p> <p>Lot: _____</p> <p>DP: _____</p> <p>Valuation Number: _____</p>	<p>Building Consent No:</p> <p>Building Name: _____</p> <p>Location of Building within site/block number: _____</p> <p>No of Levels: _____ Level/Unit number: _____</p> <p>Current, Lawfully Established Use: _____</p> <p>Year Building First Constructed: (eg. 1920s, 1960-1970) _____</p>
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<p>PROPERTY OWNER</p> <p>Owners Name: Mr, Mrs, Miss, Ms, Dr.: _____</p> <p>_____</p> <p>Contact Person: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Street Address/ Registered Office: _____</p> <p>_____</p> <p>Phone Numbers: Landline: _____</p> <p>Mobile Phone: _____</p> <p>Daytime: _____</p> <p>After Hours: _____</p> <p>Facsimile number: _____</p> <p>Email address: _____</p> <p>Website : _____</p> <p>The following evidence of Ownership is attached to this application:</p> <p><input type="checkbox"/> Certificate of Title:</p> <p><input type="checkbox"/> Sale of Purchase Agreement</p>	<p>AGENT/APPLICANT:</p> <p>Name of Agent: _____</p> <p>Contact Person: _____</p> <p>Company: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Street Address/ Registered Office: _____</p> <p>_____</p> <p>Phone Numbers: Landline: _____</p> <p>Mobile Phone: _____</p> <p>Daytime: _____</p> <p>After Hours: _____</p> <p>Facsimile number: _____</p> <p>Email address: _____</p> <p>Website : _____</p> <p>Relationship to Owner: State details of the Authorisation from Owner to make the application on the owners behalf.</p> <p>_____</p> <p>_____</p>
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Application:

I request that you issue a project information memorandum/project information memorandum and building consent/building consent for the building work described in this application.

Signature of Owner/Agent on behalf of and with the Authority of the owner.

Date: _____

<p>FIRST POINT OF CONTACT</p> <p>First point of contact for communications with the Council/Building Consent authority: Name of Agent: _____</p> <p>Contact Person: _____</p> <p>Company: _____</p> <p>Mailing Address: _____ _____</p> <p>Street Address/ Registered Office: _____ _____</p>	<p>Phone Numbers: Landline: _____</p> <p>Mobile Phone: _____</p> <p>Daytime: _____</p> <p>After Hours: _____</p> <p>Facsimile number: _____</p> <p>Email address: _____</p> <p>Website : _____ _____</p>
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Ref	Information To Be Provided with the Application for a Solid / Liquid Fuel Heating Appliance	
1	Completed Application Form	<input type="checkbox"/> <input type="radio"/> <input type="checkbox"/>
2	Floor Plan / Sketch Plan	<input type="checkbox"/> <input type="radio"/> <input type="checkbox"/>
3	Manufacturers Information on Appliance/Flue/Flashing	<input type="checkbox"/> <input type="radio"/> <input type="checkbox"/>

<p>SPECIFICATION FOR INSTALLATION OF SPACE HEATER <i>(Applicants Please Complete All Parts)</i></p>

1.	Type of appliance:	
2.	Model:	
3.	Is heater New <input type="checkbox"/> or Second Hand <input type="checkbox"/> If Second Hand a Producer Statement is required.	
4.	State method of wall protection, if required: <i>(Heat resistant materials, e.g. brick with 25mm air gap.)</i>	
5.	Is there a wetback connection?: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, the Plumbers name and licence number are required.	NAME: REGISTRATION No:
6.	Type of Flue Kit – Energy Saver Type: <input type="checkbox"/> Single Shield: <input type="checkbox"/> Double Shield: <input type="checkbox"/>	
7.	Estimated Value of Heater: \$_____	
8.	Flashing type	
9.	Are any ceiling/roof timbers to be cut/removed or altered in the installation process? IF YES PLEASE INCLUDE DETAILS.	

<p>IMPORTANT NOTE: All new wetback heater installations are required to have a tempering valve fitted to comply with the NZ Building Code.</p>

A Sketch of the proposed Solid/Liquid Fuel Heater is to be inserted into the box below. This sketch is to clearly and accurately record the following:

- Location of the Heater
- Location of all walls and doors, with all rooms named
- Location of existing/proposed smoke detectors that comply with the relevant standards must be marked. These will be inspected and tested prior to the issue of a Code of Compliance Certificate
- Location of the existing water cylinder if a wetback/hot water booster is to be fitted.
- Type of fuel (e.g. diesel, home blend, kerosene), size and location of the fuel storage tank related to the building and site boundaries. Wall openings (windows or doors) and wall cladding material within 1.8m of the storage tank vicinity should be shown.

Site Address:

