



APPLICATION FOR AN AMENDMENT TO A BUILDING CONSENT

THE BUILDING

Street Address: _____

Building Consent No: _____

THE OWNER (as defined by the Building Act)

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

Full Name(s): _____

Name: _____

Company: _____

Mailing Address: _____

Phone: Landline _____ Mobile _____

Fax: _____ Email: _____

Relationship to owner: _____

I request that you issue an amendment to a Building Consent already issued for the building work described in this application

Signed: _____

Dated: _____

Signature of : _____
(print name)

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

THE PROJECT

DESCRIPTION OF AMENDED WORK: _____

Estimated Value of amended work (inclusive of GST): *(in addition to, or reduction from, what was stated with the original application)*

\$ _____

☐ Addition ☐ Reduction ☐ No change

Associated Resource Consents

Number: RM _____

Have you provided the following?

- ☐ Original consented plans that are to be amended
- ☐ Project Information Memorandum
- ☐ 2 copies of amended plans, including **all** construction details, **with amendments highlighted or clouded.**

NOTES:

1. ***This does not apply to building consents that already have a Code Compliance Certificate issued.***
2. This application is for minor amendments to issued building consents. It is not intended to be used where the scope of work is extended.
3. Processing fees (plus any additional Building or Building Research Levies) are to be paid before any work covered by the amendment may proceed.

Who is involved in this project?

☐ **Designer's Name:** _____ Phone: _____

Address: _____ Fax: _____

☐ **Builder's Name:** _____ Phone: _____

Address: _____ Fax: _____

☐ **Plumber's Name:** _____ Phone: _____

Address: _____ Fax: _____

☐ **Drainlayer's Name:** _____ Phone: _____

Address: _____ Fax: _____

☐ **Engineer's Name:** _____ Phone: _____

Address: _____ Fax: _____

Has the engineer provided a Producer Statement - Design? ☐ Yes ☐ No

Has the engineer been engaged to carry out site inspections on the job? ☐ No ☐ Yes

(if yes, these must be specified on the Producer Statement.)

☐ **Other:** _____ Phone: _____

Address: _____ Fax: _____

This building consent also does not permit the construction, alteration, demolition or removal of the building (or proposed building) if that construction, alteration, demolition or removal would be in breach of any other act.

All the relevant information on this form is required to be provided under the Building Act and Resource Management Act for the Council to process your application. Under these Acts this information has to be made available to members of the public including business organisations. The information contained in this application may be made available to other units of the Council. You have the right to access the personal information held about you by the Council which can be readily retrieved. You can also request that the Council correct any personal information it holds about you.

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)

The building work will comply with the building code as follows:

Clause (which of the following clauses will be involved in the proposed work?)	Alternative Solution	Means of Compliance (refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications)	Proposed Inspections (state means of inspection. Note PS4s or certification may be required)
<input type="checkbox"/> B1 Structure		<input type="checkbox"/> B1/AS2 <input type="checkbox"/> NZS 3604 <input type="checkbox"/> NZS4203 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> B2 Durability		<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS 3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> C1 to C6 Protection from Fire		<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2 <input type="checkbox"/> C/AS3 <input type="checkbox"/> C/AS4 <input type="checkbox"/> C/AS5 <input type="checkbox"/> C/AS6 <input type="checkbox"/> C/AS7 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> D1 Access Routes		<input type="checkbox"/> D1/AS1 <input type="checkbox"/> ZS 4121 <input type="checkbox"/> NZS4121 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> E1 Surface Water		<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZ 3500.3 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> E2 External Moisture		<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific Design & Testing	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> E3 Internal Moisture		<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> F1 Hazardous Agents on Site		<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> F2 Hazardous Building Materials		<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS 4223 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> F3 Hazardous Substances etc		<input type="checkbox"/> F3/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> F5 Construction & Demolition Hazards		<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____

<input type="checkbox"/> F6 Lighting for Emergency		<input type="checkbox"/> F6/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> F7 Warning Systems		<input type="checkbox"/> F7/AS1 <input type="checkbox"/> AS/NZS 1668 <input type="checkbox"/> NZS 4512 <input type="checkbox"/> NZS 4515 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> F8 Signs		<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G1 Personal Hygiene		<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G2 Laundering		<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G3 Food Preparation and Prevention of Contamination		<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G4 Ventilation		<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G5 Interior Environment		<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G6 Airborne & Impact Sound		<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G7 Natural Light		<input type="checkbox"/> G7/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G8 Artificial Light		<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS6703 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G9 Electricity		<input type="checkbox"/> G9/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G10 Piped services		<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS5261 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G11 Gas as an Energy Source		<input type="checkbox"/> G11/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G12 Water supplies		<input type="checkbox"/> G12/AS1/AS2/ VM1 <input type="checkbox"/> AS/NZS3500.1 <input type="checkbox"/> AS/NZ3500.4	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____

		<input type="checkbox"/> Other _____	
<input type="checkbox"/> G13 Foul water		<input type="checkbox"/> G13/AS1 <input type="checkbox"/> S/NZS3500.2 <input type="checkbox"/> BS5572 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G14 Foul water		<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> G15 Solid waste		<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____
<input type="checkbox"/> H1 Energy efficiency		<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4243 <input type="checkbox"/> NZS4214 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> Other _____	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____

Waiver/modification to NZ Building Code required for following parts of code

COMPLIANCE SCHEDULE (delete this section if this is an application for a project memorandum only)

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

	Existing	New	Altered	Added	Removed
<input type="checkbox"/> There are no specified systems in the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Automatic systems for fire suppression (eg: sprinkler systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Electromagnetic or automatic doors or windows (eg: ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Riser mains for Fire Service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any 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"/>
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"/>
9. Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Emergency power systems for, or signs relating to, a system or feature specified in any of clauses above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1-6, 9 & 13 above: a) systems for communicating spoken information intended to facilitate evacuation; and b) final exits (as defined by clause A2 of the building code); and c) fire separations (as so defined); and d) signs for communicating information intended to facilitate evacuation; and e) smoke separations (as so defined)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>