

## APPLICATION FOR A CERTIFICATE OF ACCEPTANCE

**Form 8, Section 97, Building Act 2004:**

Send or deliver this application to either:  
Waimate District Council, PO Box 122, Waimate  
Waimate District Council, Queen St, Waimate.

For enquiries phone (03) 689 0000

**OFFICE USE:**

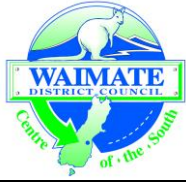
Certificate of Acceptance Number:

### 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>Valuation Number:</b>
<b>Location of building within site:</b> (Include nearest street access)	<b>Current, lawfully established, use:</b> (include number of occupants per level and per use if more than 1 level)
<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>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 the owner)	
<b>Mailing address:</b>	<b>Street address/Registered Office:</b>
<b>Contact details:</b>	
Landline: _____	Mobile: _____
Daytime: _____	After hours: _____
Fax Number: _____	Email: _____



## APPLICATION FOR A CERTIFICATE OF ACCEPTANCE

### 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:** (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)

**Name of contact:**

**Mailing address:**

**Street address/Registered Office:**

**Contact details:**

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

Daytime: \_\_\_\_\_ After hours: \_\_\_\_\_

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

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

**Signed by the owner OR:**

Signature: \_\_\_\_\_

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

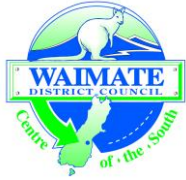
Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_



## APPLICATION FOR A CERTIFICATE OF ACCEPTANCE

### BUILDING WORK

**Description of the building work:**

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**Date building work carried out:**

**Concreter:**

Business/name: \_\_\_\_\_

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

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/Qualification: \_\_\_\_\_

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

Manufacturer: \_\_\_\_\_

**Joiner:**

Business/name: \_\_\_\_\_

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

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/Qualification: \_\_\_\_\_

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

Manufacturer: \_\_\_\_\_

**Tanking Applicator:**

Business/name: \_\_\_\_\_

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

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/Qualification: \_\_\_\_\_

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

Manufacturer: \_\_\_\_\_

**Plasterer/textured coater:**

Business/name: \_\_\_\_\_

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

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/Qualification: \_\_\_\_\_

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

Manufacturer: \_\_\_\_\_

**Gasfitter:**

Business/name: \_\_\_\_\_

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

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/Qualification: \_\_\_\_\_

**Electrician:**

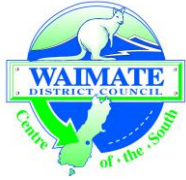
Business/name: \_\_\_\_\_

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

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

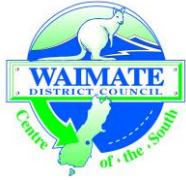
After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/Qualification: \_\_\_\_\_



## APPLICATION FOR A CERTIFICATE OF ACCEPTANCE

<p><b>Plumber:</b></p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>	<p><b>Drainlayer:</b></p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>
<p><b>Carpenter:</b></p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>	<p><b>Brick/Blocklayer:</b></p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p>
<p><b>Deck/roof membrane applicator:</b></p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p> <p>Product Name: _____</p> <p>Manufacturer: _____</p>	<p><b>Rofer:</b></p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p> <p>Product Name: _____</p> <p>Manufacturer: _____</p>
<p><b>Concealed fascia installer:</b></p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p> <p>Product Name: _____</p> <p>Manufacturer: _____</p>	<p><b>Others:</b></p> <p>Business/name: _____</p> <p>Address: _____</p> <p>Daytime: _____ Mobile: _____</p> <p>After hours: _____ Fax: _____</p> <p>Registration/Qualification: _____</p> <p>Product Name: _____</p> <p>Manufacturer: _____</p>
<p><b>Did the building work result in a change of use of the building?</b> (ie: Commercial, Industrial, Residential)          If yes, provide details of the new use:</p>  	



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**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)

\$ \_\_\_\_\_

**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)

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- 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)

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b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: (explain in detail)

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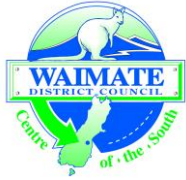
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- The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: (state details of name of building consent authority and building consent granted)

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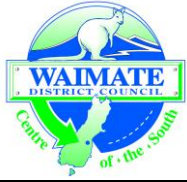


## APPLICATION FOR A CERTIFICATE OF ACCEPTANCE

### 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"/>
Cable Car	<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"/>



## APPLICATION FOR A CERTIFICATE OF ACCEPTANCE

### 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

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