



**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><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Residential</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: _____</p> <p>Level/Unit number: _____</p> <p>Current, Lawfully Established Use: _____</p> <p>Year Building First Constructed: (eg. 1920s, 1960-1970) _____</p> <p>Will the building work result in a Change of Use? Y / N (if yes provide details of new use).</p> <p>Intended life of building if less than 50 years _____ years</p> <p>Is any Restricted Building work required Y / N If yes: LBP Name: _____ Licence/Class: _____ LBP Number: _____</p>
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<p>PROPERTY OWNER</p> <p>Owners Name: Mr, Mrs, Miss, Ms, Dr.: _____</p> <p>Contact Person: _____</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> <p>The following evidence of Ownership is attached to this application:</p> <p><input type="checkbox"/> Certificate of Title <input type="checkbox"/> Rate Demand</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>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> <p>Relationship to Owner: State details of the Authorisation from Owner to make the application on the owners behalf.</p> <p>_____</p>
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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.

Date: _____

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

<p>FIRST POINT OF CONTACT</p> <p>First point of contact for communications with the Council/Building Consent authority: Name of Agent: _____ Contact Person: _____ Company: _____ Mailing Address: _____ Street Address/ Registered Office: _____</p>	<p>Phone Numbers: Landline: _____ Mobile Phone: _____ Daytime: _____ After Hours: _____ Facsimile number: _____ Email address: _____ Website : _____</p>
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SPECIFICATION FOR INSTALLATION OF SPACE HEATER
(Applicants Please Complete All Parts)

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

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



Application for Building Consent for Solid/Liquid Fuel Heating Appliances

FOR OFFICE USE:

FEES: Building Consent Fees:

TOTAL:

Receipt No: _____

Date of Payment:

Proposed location of the Solid/Liquid Fuel Heater into the box below. This sketch is to clearly and accurately record the following:

Floor plan of the entire building is required and needs to detail:

- 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:

Draw floor plan here or attach drawing.

Waimate District Council, Queen Street P O Box 122 Waimate New Zealand Telephone (03) 689 0000