

Application No/BC: _____

Property ID #: _____

Form 2

MULTI RESIDENTIAL/INDUSTRIAL/COMMERCIAL APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT Section 33 or 45, Building Act 2004

1. THE BUILDING [if item is not applicable put N/A in the space]

Street address of building: _____

[If no street address – details of nearest intersection] _____

Legal description of land where building is located: Lot _____ DP _____ Site area: _____ m²
Sec _____ Block _____

Building name: _____ Valuation No: _____

Location of building within site/block number: [Include nearest street access] _____

Number of levels: [Above & below ground] _____

Level/Unit No: _____ Floor area: _____ (sq m) [Indicate area affected by the building work] Current, lawfully
established, use: _____ Year First Constructed: _____ [Add no. of occupants per
level and per use if more than 1] _____

2. OWNER

Name of Owner: _____

Contact person: _____

Mailing address: _____

Street address/registered office: _____

Phone No: _____ Landline: _____

Mobile: _____ Daytime: _____

After hours: _____ Facsimile: _____

Email: _____

Website _____

THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED:

- ☐ Certificate of Title ☐ Lease Agreement
☐ Agreement for Sale and Purchase ☐ Other document

3. AGENT [Only required if application is being made on behalf of the owner]

Name of Agent: _____

Contact person: _____

Mailing address: _____

Street address/registered office: _____

Phone No: _____ Landline: _____

Mobile: _____ Daytime: _____

After hours: _____ Facsimile: _____

Email: _____

Website _____

Relationship to owner: [State details of the authorisation from the
owner to make the application on the owner's behalf] _____

FIRST POINT OF CONTACT [Mark boxes as appropriate] Notes:

Further information ☐ Agent ☐ Owner

Correspondence ☐ Agent ☐ Owner

Invoicing: ☐ Agent ☐ Owner

Additional copy of Code Compliance Certificate ☐

4. APPLICATION [Tick if applicable]

I, [name] _____ request that you issue one of the following [for the building work described in this application]:

Secure digital ID _____ Date: _____

The signature is that of the ☐ Owner OR the ☐ Agent on behalf of and with the approval of the Owner.

☐ Building Consent

☐ Project Information Memorandum (PIM)

☐ Staged Consent

Existing PIM No [if applicable] is: _____

Restricted Building Work applicable? ☐ Yes ☐ No

Cultural or Heritage Significance? ☐ Yes ☐ No

Financial assistance package [FAP] re-clad application - or claim under FAP scheme? ☐ Yes ☐ No If yes, FAP claim number: _____

National Multiple Use Approval? ☐ Yes ☐ No If yes, NUA number: _____

To be completed in lieu of Authorisation Letter:

I, _____ as the owner of the property, authorise _____ to act as my agent.

Secure digital ID _____ Date: _____

5. PRIVACY INFORMATION

The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information. Under the Privacy Act 2020 you have the right to see and correct personal information the Council holds about you.

6. THE PROJECT

Description of Building Work: [Provide sufficient information below to enable scope of work to be fully understood]

Will the building work result in a change of use of the building? ☐ Yes ☐ No If Yes, provide details of the new use of the building: _____

Intended life of the building if less than 50 years: _____ [Years]

List Building Consents previously issued for this project (if any): _____

Estimated value of the building work on which the building levy will be calculated [including goods and services tax]:

\$ _____ [State estimated value as defined in section 7 of the Building Act 2004]

7. RESTRICTED BUILDING WORK

Will the building work include any restricted building work? ☐ Yes ☐ No If Yes, please provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work [If these details are unknown at the time of the application, they must be supplied before the building work begins].

Complete in contacts section below

8. CONTACTS [Provide all details where relevant]

Please provide the following details of all practitioners who will be involved in carrying out or supervising the building work regardless of whether it is restricted building work.

DESIGNER:

Name: _____

Address: _____

Email: _____

Telephone: _____ LBP No: _____

License Class: DESIGN

ENGINEER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: DESIGN

BUILDER:

Name: _____

Address: _____

Email: _____

Telephone: _____ LBP No: _____

License Class: CARPENTRY

BRICK / BLOCK LAYER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: BLOCKLAYING

ROOFER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: ROOFING or CARPENTRY (delete one)

EXTERNAL PLASTERER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: EXTERNAL PLASTERING

FOUNDATIONS / FLOORS:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: FOUNDATIONS or CARPENTRY (delete one)

GAS FITTER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

PLUMBER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

DRAIN LAYER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

LICENSED BUILDING PRACTITIONER:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: _____

OTHER KEY PERSONNEL:

Name: _____

Address: _____

Email: _____

Telephone: _____ Reg No: _____

License Class: _____

9. PROJECT INFORMATION MEMORANDUM [Do not fill in this section if the application is for a building consent only]

The following matters are involved in the project: *[Tick the matters relevant to the project]*

- ☐ Subdivision
- ☐ Alterations to land contours *[e.g. digging out the site for a building platform]*
- ☐ New or altered connections to public utilities *[e.g. Council sewer, stormwater or water mains]*
- ☐ New or altered locations and/or external dimensions of buildings
- ☐ New or altered access for vehicles
- ☐ Building work over or adjacent to any road or public place
- ☐ Disposal of stormwater and wastewater
- ☐ Building work over any existing drains or sewers or in close proximity to wells or water mains
- ☐ Other matters known to the applicant that may require authorisations from the Territorial Authority: *[Specify]*

10. BUILDING CONSENT [Only complete this section if the application is for a building consent]

The following plans and specifications are attached to this application:

[Note: 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:

Building Code Clause <i>Tick relevant clauses</i>	Acceptable Solution & NZS 4121 Accessible Design	Verification Method	Alternative Solution [Supporting documents listed below]	Waiver/ Modification [Supporting documents listed below]	Proposed Inspections
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS2 <input type="checkbox"/> B1/AS3	<input type="checkbox"/> B1/VM1 <input type="checkbox"/> B1/VM2 <input type="checkbox"/> B1/VM3 <input type="checkbox"/> B1/VM4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1	<input type="checkbox"/> B2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> C1-6 Protection from Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2	<input type="checkbox"/> C/VM1 <input type="checkbox"/> C/VM2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> D1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> D2 Mechanical installation for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS 4121 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3	<input type="checkbox"/> D2/VM1 <input type="checkbox"/> D2/VM2 <input type="checkbox"/> D2/VM3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> E1/AS2	<input type="checkbox"/> E1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS4 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> E2/AS3	<input type="checkbox"/> E2/VM1 <input type="checkbox"/> E2/VM2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> E3/AS2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1	<input type="checkbox"/> F1/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1	<input type="checkbox"/> F2/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F3 Hazardous substances and processes		<input type="checkbox"/> F3/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F6 Visibility in escape routes	<input type="checkbox"/> F6/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other (<i>Specify</i>): _____

Building Code Clause <i>Tick relevant clauses</i>	Acceptable Solution & NZS 4121 Accessible Design	Verification Method	Alternative Solution [Supporting documents listed below]	Waiver/ Modification [Supporting documents listed below]	Proposed Inspections
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> F9 Means of restricting access to residential pools	<input type="checkbox"/> F9/AS1 <input type="checkbox"/> F9/AS2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> NZS 4121		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1	<input type="checkbox"/> G4/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G6 Airborne impact sound	<input type="checkbox"/> G6/AS1	<input type="checkbox"/> G6/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> G7/AS2	<input type="checkbox"/> G7/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> G8/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> G9/VM1	<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> G10/VM1	<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1		<input type="checkbox"/>	<input type="checkbox"/>	By certification only
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2 <input type="checkbox"/> G12/AS2	<input type="checkbox"/> G12/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> G13/AS3	<input type="checkbox"/> G13/VM1 <input type="checkbox"/> G13/VM4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1	<input type="checkbox"/> G14/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> H1/AS2	<input type="checkbox"/> H1/VM1 <input type="checkbox"/> H1/VM2 <input type="checkbox"/> H1/VM3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Council <input type="checkbox"/> Other (<i>Specify</i>): _____

11. WAIVER/MODIFICATION TO NZ BUILDING CODE REQUIRED FOR FOLLOWING PARTS OF CODE:

Supporting documentation attached as follows [please list]:

12. COMPLIANCE SCHEDULE

The specified systems for the building are as follows: [specified systems are defined in regulations]

Building Use [select all relevant] – Building (Specified Systems, Change of Use and EQ prone Buildings) Regulations 2005

CS	CL	CO	CM	SC	SD	SA	SR	SH	WL	WM	WH	WF	IA	ID

Applicant to complete

Any system installed from below to be accompanied by procedures for inspection and routine maintenance. [**Council to vet and verify in first column.**]

There are no specified systems in the building ☐

COUNCIL

Existing

New

Altered

Added

Removed

If there is any specified systems, then complete and provide the Rotorua Lakes Council Specified Systems Installation Checklist

Specified Systems Prescribed by Building Act 2004 Compliance Schedule Handbook 25 May 2007

ss1	Automatic systems for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss2	Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and services only that unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss3	Electromagnetic or automatic doors and windows							
	ss3/1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss3/2 Access controlled doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss3/3 Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss4	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss5	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss6	Riser mains for use by fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss7	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"/>	<input type="checkbox"/>	
ss8	Lifts, escalators, travellers, or other systems for moving people or goods within buildings							
	ss8/1 Passenger carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss8/2 Services lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss8/3 Escalators and moving walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss9	ss9/1 Mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss9/2 Air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss10	Building maintenance units providing access to exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ss11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss12	Audio loops or other assistive listening systems							
	ss12/1 Audio loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss12/2 FM radio frequency systems and infrared beam transmission systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss13	Smoke control systems							
	ss13/1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss13/2 Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss13/3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss14	Emergency power systems for a system or feature specified in any of specified systems 1-13							
	ss14/1 Emergency power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss14/2 Signs in relation to any specified systems 1-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss15	Other fire safety systems or features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss15/1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss15/2 Final exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss15/3 Fire separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss15/4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ss15/5 Smoke separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ss16	Cable cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. ATTACHMENTS

The following documents are attached to this application: [Tick as applicable]

- ☐ Plans and specifications (list):
 - ☐ Alternative Plans and specifications (if the applicant wants to obtain pre-approval for possible product substitutions, list):
 - ☐ Current (CodeMark) product certificate(s)
 - ☐ Alternative (CodeMark) product certificate(s) (if the applicant wants to obtain pre-approval for possible product substitutions).
 - ☐ Current (BuiltReady) manufacturer's certificate(s).
 - ☐ Memoranda (Certificates of Design Work) from licensed building practitioners who carried out or supervised any design work that is restricted building work.
 - ☐ Project Information Memorandum
 - ☐ Development contribution notice
 - ☐ Certificate attached to Project Information Memorandum

COUNCIL USE ONLY

ESTIMATED TOTAL VALUE OF WORK

\$ _____ GST inclusive Project floor area _____ m²

FEE PAYABLE

Project Information Memorandum	\$ _____
Building Admin / Circulation	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Commercial	\$ _____
Planning fee	\$ _____
Land Development fee	\$ _____
LODGEMENT FEE	\$ 0.00
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Industry Levy (MBIE)	\$ _____
Industry Levy (BRANZ)	\$ _____
External Review (Geotechnical)	\$ _____
External Review (Structural) Land	\$ _____
Development	\$ _____
Planning	\$ _____
Compliance Schedule	\$ _____
Vehicle Crossing	\$ _____
Street Damage	\$ _____
Water Connection	\$ _____
Sewer Connection	\$ _____
Record of Title	\$ _____
Section 37 Notice	\$ _____
Section 72 Notice	\$ _____
Section 77 Notice	\$ _____
Certificate for Public Use	\$ _____
_____	\$ _____

TOTAL BALANCE PAYABLE

TOTAL BALANCE PAYABLE	\$ _____
Lodgement deposit	\$ 0.00
Date paid	_____
Receipt No.	_____
Consent fee balance	\$ _____
Date paid	_____
Receipt No.	_____

Granted by _____

Signature _____

Date _____

Issued by _____

Signature _____

Date _____

Please complete

Forward any refunds or further invoices to:

ROTORUA LAKES COUNCIL

Te Kaunihera o ngā Roto o Rotorua

NAMING CONVENTION FOR APPLICATION DOCUMENTS

IMPORTANT INFORMATION

Applications provided that include documentation not following this naming convention will be returned and required to re-submit.

APPLICATION FORMS	COUNCIL USE ONLY
Form 2 Form 8 Form 15 Etc.	Documents correctly named? <input type="checkbox"/> YES <input type="checkbox"/> NO
PLANS – [NAMED AS FOLLOWS]	COUNCIL USE ONLY
Plans - Architectural Plans - Structural Plans - Civil Plans – Mechanical Plans - Fire Etc.	Documents correctly named? <input type="checkbox"/> YES <input type="checkbox"/> NO
Engineering [replace Engineer with professional]	COUNCIL USE ONLY
Engineer - Engineering PS1 and supporting documentation or; Engineer - Engineering PS1 Engineer - Engineering calculations Engineer - Engineering supporting documentation Fire design Geotechnical report Truss design	Documents correctly named? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPPORTING DOCUMENTATION	COUNCIL USE ONLY
MCM certificates Manufacturers technical literature (brand/produce name) H1 calculations Specification - Architectural Specification – Engineering Specification - Civil Etc. Design memorandum (2A) Record of Title Authorisation Letter	Documents correctly named? <input type="checkbox"/> YES <input type="checkbox"/> NO

Building Consent Application Checklist MULTI RESIDENTIAL/INDUSTRIAL/COMMERCIAL

Address: _____ **Date Vetted:** _____

How to use this checklist

Use this checklist when finalising your building drawings plans to assist you to lodge a complete application and to avoid delays in processing. Your application will be accepted based on this checklist to ensure that it has sufficient information to commence processing. All items on this checklist must be circled to show that they are either provided or are not applicable to your project (N/A).

Later additional information may be requested during the processing of your building consent to confirm compliance with the Building Act, Building Code, District/City Plan and any other relevant legislation. Processing time will be suspended until information is received.

Your application will only be accepted if the information in this checklist is provided and the checklist completed.

Customer Use Circle as appropriate	Document Reference / Page #	General Documentation Required
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		Application form completed in full and signed
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		Lodgement fee (refer to Schedule of Fees and Charges for amount)
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		Two (2) complete sets of drawings/report/specification/plans and other relevant documents are required
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		Form 2A Certificate of Design Work
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		All drawings must meet the minimum requirements of the technical drawings standard AS/NZS1100. Index provided for plans and specifications
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		All documents including photocopies must be legible
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		All plans are to be titled and dated (or version number)
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		If excavating or infilling please provide a completed National Environmental Standard (NES) form, if applicable
		Legal Documentation Required
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		Full, current (less than three months old) Certificate of Title
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		Sale and purchase agreement with settlement date provided and confidential information hidden (if applicable)
Yes <input type="checkbox"/> N/A <input type="checkbox"/>		Full copy of lease agreement (if applicant is lessee)

Comments – Council Use Only

Customer Use Circle as appropriate		Document Reference / Page #	Specifications and other Documentation
<input type="checkbox"/> Section NA			
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Technical specifications for proprietary systems/products e.g. tiled showers, membranes, cladding systems, and foundation systems
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		H1 calculations
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		E2 Risk Matrix
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Natural hazard assessment report where applicable (erosion, falling debris, subsidence, inundation, slippage)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Compliance Schedule systems design and relevant maintenance and inspection procedures (copy of existing compliance schedule and/or proposed compliance schedule)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		A4/A3 Plan showing location of all specified systems for Compliance Schedule
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Has a seismic assessment been undertaken
<input type="checkbox"/> Section NA			Change of Use
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Structural, means of escape, protection of other property, access and facilities for disabled and toilet facilities assessment provided
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Additional household units – Assessment of the building is required with respect to all building code clauses. If the proposal is for the project to meet anything less than full compliance with any clause of the building code, your application must clearly state your reasoning, with supporting documentation and show how you will meet the highest level of compliance that can be considered reasonably practicable.
<input type="checkbox"/> Section NA			Fire Design/Engineering
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Proposed fire protection plan (1:100/1:50) showing smoke alarms, sprinkler system, emergency lights, fire alarm sounders, any 'protected' path, thermal (heat) detectors, fire hose reels, fire alarm call points, 'open path' travel to exits and method or systems for fire rating penetrations through or between fire cells.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Fire report – demonstrating compliance with the building code.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Fire design for this commercial project to an acceptable solution
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Fire design for this commercial project is to a verification method (C/VM2 must have followed the FEB process prior to lodgment for BC)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Copy of agreed FEB between relevant stakeholders
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Fire compliance gap analysis for the whole building (including minor works) if Council has no existing FireReport on file.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		MINOR WORKS Reasonably practicable - The proposal is required to meet full compliance with the building code. Where upgrading to fully comply with the fire clauses of the building code is not proposed you are required to supply supporting documentation, making the case as to why full compliance is not reasonably practicable. Fire penetration/construction specifications
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Requirement to send application to FENZ identified
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Peer reviews supplied (PS2)
Comments – Council Use Only			

Customer Use Circle as appropriate		Document Reference / Page #	Accessibility Assessment
<input type="checkbox"/> Section NA			
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Access and facilities for the disabled for the whole building showing access routes, accessible toilet compartment, location and height of fittings (toilet pan, basin, urinal, shower and handrails) on both sides, width of access routes, dimensions of toilet compartments, lift car controls, accessible stairs, accessible low height counters (including reception), accessible car parks (for new buildings)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Reasonably practicable – Your proposal is required to fully comply with the building code. Where upgrading to fully comply with the building code for the above proposal is not proposed you are required to supply supporting documentation making the case as to why it is not reasonably practicable to do so
<input type="checkbox"/> Section NA			Specific Design Engineering
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Engineering calculations and scope of works
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Producer statements fully completed, signed and dated
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Engineered plans or Architectural plans with engineer's details to be signed, dated and stamped
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Proposed inspections regime
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Detailed seismic documentation provided including restraint details for plant, machinery and specified systems
<input type="checkbox"/> Section NA			Site/Location Plan
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		North Point
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Road frontage indicated and street named
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location of all existing and proposed buildings
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Distance of buildings to boundaries and distance between existing and proposed buildings including eaves and gutters
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Site levels and finished floor levels relative to Moturiki Datum survey point (if applicable)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Existing contours (proposed cut or fill also needs to be shown)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Building line restrictions and easements
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Site boundaries/exclusive area boundaries for cross lease properties and common areas clearly shown
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Show calculations and percentage of net site coverage
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Labelled points on boundaries where overshadowing is taken from
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Existing and proposed crossings/driveways also showing berms and footpaths. Crossings are to be clear of Council storm water sumps (Note: normally one crossing per site)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Dimensions and location of parking spaces shown onsite
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		If building under or near transmission lines or over head power lines, please show transmission plan area or location of power lines
Comments – Council Use Only			

Customer Use Circle as appropriate		Document Reference / Page #	Site Management and Protection of Public
<input type="checkbox"/> Section NA			
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Gantries and hoardings - Provide details of barriers for the protection of public and for restricting public access to site, details of gantries, scaffolding and hoardings.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Site management plan covering - Delivery and storage of materials, management to control silt run off, noise and dust, traffic management and parking.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Hazardous building materials - Provide safety plan detailing the safe handling and disposal of hazardous materials. Asbestos management plan
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Sediment control plan
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Certificate of Public Use (CPU) Application provided?
<input type="checkbox"/> Section NA			Retaining Walls/Site Works
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Site Plan indicating position and height of retaining walls, other buildings and drainage points to an approved outfall
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Elevations showing original ground level, cut and fill
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Engineering design information where required
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Has safety from falling and loadings from barrier been considered?
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Cross sections/details (cut, fill, height of retained ground, waterproof membrane and drainage) and height of wall indicated
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Show cuts battered to a safe angle
<input type="checkbox"/> Section NA			Foundation Plan
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Foundation details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		For timber floors and decks, show the location of piles, pile type, sub-floor bracing calculations, foundation perimeter walls and internal piling system where applicable
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Concrete floor details provided
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Control joints shown/ saw cuts
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Bearer layout for floors and decks
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Access/ventilation to subfloor space
<input type="checkbox"/> Section NA			Floor Plan
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Plan of all floors describing the function of each room
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Show all doors, windows and ventilation including enclosed space ventilation
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Stairs, handrails and decking showing dimensions and details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Smoke alarms position shown (type 1 only)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		For additions and alterations, the existing shall be shown separately to the proposed and to the same scale for comparison
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Chimneys and solid fuel heaters
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Lintel sizes/beam sizes and proprietary system design
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Disabled access to building showing dimensions and details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Disabled access toilet showing dimensions and details
Comments – Council Use Only			

Customer Use Circle as appropriate		Document Reference / Page #	
			Framing Plan/Bracing Plan
<input type="checkbox"/> Section NA			
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Bracing calculations/details – type and fixing
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Framing plan including size, centers, grade and treatment of members
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Bottom plate, top plate stud, lintel fixing details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Upper storey floor design if applicable
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Floor joist layout for floors and decks
<input type="checkbox"/> Section NA			Roof Plan
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Roof plan and roof bracing
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Truss types/roof framing layout and design statement
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Truss/ rafter and purlin fixings
<input type="checkbox"/> Section NA			Elevations
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		North, South, East and West elevations
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Overshadowing/ daylighting angles labelled to correspond with points on site plan shown on all elevations
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Height from ground level to apex of building
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Show existing finished ground levels/floor levels and proposed finished ground levels/floor levels (subfloor ventilation and access)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Stairs, handrails and decking shown
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Cladding systems, roofing type and any other relevant details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Window schedule
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Roof pitch and chimneys (show height of chimney in relation to ridge)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Alterations to land contour, retaining, cut and fill and batters
<input type="checkbox"/> Section NA			Cross Section
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Drawings showing constructional details of foundations, floor systems, wall, ceiling, stud heights and stud sizes, roof construction, balustrades and barriers.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Surface finishes to wet areas (walls and floor to laundry, kitchen and bathroom).
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location and type of insulation
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Details for all penetration in walls, roof (i.e. windows, doors, meter boards, skylights etc.)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Cavity construction details where applicable
Comments – Council Use Only			

Customer Use Circle as appropriate		Document Reference / Page #	Plumbing and Drainage
<input type="checkbox"/> Section NA			
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		All existing SEWERS, sewer connections and sewer drain locations and depth shown including Territorial Authority services
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		All existing STORMWATER drains and connections shown including Territorial Authority services
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Proposed sewer and storm water drains/soak holes, terminal vents shown
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Existing and proposed potable water supply
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		All existing and proposed sanitary fittings including pipe sizes, inspection fittings and gradients (isometric)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Sanitary facilities - Assessment of existing sanitary facilities within the building comparative to current code and levels of amenity provided by the acceptable solutions.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Regional Council approved effluent disposal system
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Specifications for hot water heating system including seismic restraints
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Water Supply Schematic (multi storey buildings)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Backflow preventer shown – type and location
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Storm water disposal design and calculations
<input type="checkbox"/> Section NA			Hazardous Substances and Processes
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Provide details of the materials used or stored, their hazardous substances classification (HSNO). Individual container size and aggregated volume.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Plans and specifications describing spaces where hazardous substances are stored and used and the method of disposal of waste and the consideration of containment, pressure relief, electrical hazardous area zoning and ventilation.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		HSNO assessment supplied?
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Applicant has declared that they have obtained Body Corporation approval for any building work affecting common property
Comments – Council use only			

Customer Use Circle as appropriate		Document Reference / Page #	Swimming Pool/Spa Pool
<input type="checkbox"/> Section NA			
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Site plan (refer site plan section of checklist)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Plan of all floors describing the function of each room. Show all doors and windows.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Fences/Gates with dimensions.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Show access restrictions, direction of opening and locking device details for doors and windows to pool area from all doors and windows
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Have immediate pool area hazards been identified (climb hazards)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Pool manufacturer's specifications
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Elevations/Cross section showing all construction details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location of backwash indicating connection to nearest gulley trap
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Backflow preventer shown – type and location
<input type="checkbox"/> Section NA			Relocatable Buildings
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Is the structure being relocated in more than one part? If so, please provide detail of how the building will be reconnected showing compliance with NZBC including B1 & E2.
Comments – Council use only			
Council Specific Requirements – Please complete for your related Council			
<input type="checkbox"/> Section NA			Rotorua Lakes Council
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Soil investigation that has a conclusion readily identifiable in accordance with chapter 3 RCEIS
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Any geothermal activity on or near site, distances to proposed building work (SED where <50m to a bore or geothermal feature)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Relocatable Buildings – Please provide re-site report
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Completed the RLC Specified System forms for any new/ altered Specified Systems including the relevant maintenance and inspection procedures found here
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Buildings built prior to 2000 undergoing alt. or add. – Asbestos Declaration
ADDITIONAL FEES <i>Please be aware that additional fees may be applied after lodgement deposit is paid, for inspections, processing, certificates, government levies and the like.</i>			

Person completing checklist	
Name of person signing:	Date:
<div>Secure digital ID</div> <div><input type="checkbox"/> Agent <input type="checkbox"/> Owner <input type="checkbox"/> Other:</div>	
Name to be on invoice:	
Payment Details:	

COUNCIL USE ONLY			
Outcome of decisions – Council Use Only	Officer	Date	Time
<input type="checkbox"/> This application was not accepted for lodgement because documentation was incomplete			
<input type="checkbox"/> This application needs to be re-vetted			
<input type="checkbox"/> Documentation is now complete and the application is accepted for lodgement			
<input type="checkbox"/> Application will now proceed for compliance checking			
Project Type			
RBW	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	PIM <input type="checkbox"/> PIM/BC <input type="checkbox"/> BC <input type="checkbox"/>
Category		R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/>	
Comments – Council use only			