

Form 2

Application No/BC: _____

Property ID #: _____

RESIDENTIAL

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/AS3	<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]

Purpose group [select all relevant]

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

There are no specified systems in the building ☐

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.**]

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

Ss16 Cable cars

☐☐☐☐☐☐

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 \$ _____

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 \$ _____

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

RESIDENTIAL

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		Documents 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"/>		Are you applying for owner/builder exemption? If yes, the appropriate documentation including Form 2b is to be supplied
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)
			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)
<input type="checkbox"/> Section NA			Specifications and other Documentation
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)
Comments – Council Use Only			

Customer Use Circle as appropriate		Documents reference / Page #	Specific Design Engineering
<input type="checkbox"/> Section NA			
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
<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 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 <i>(Note: normally one crossing per site)</i>
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Sediment control plan
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		If building under or near transmission and or power lines, please show transmission plan area or location of power lines
<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
Comments – Council Use Only			

Customer Use Circle as appropriate	Documents reference / Page #	Structure
<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/saw cuts indicated
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 shown showing dimensions and details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Smoke alarms position shown
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
<input type="checkbox"/> Section NA		Framing Plan/ Bracing Plan
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
Comments – Council Use Only		

Customer Use Circle as appropriate		Documents reference / Page #	Cross Sections
<input type="checkbox"/> Section NA			
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
<input type="checkbox"/> Section NA			Plumbing and Drainage
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"/>		Standard Regional Council design system or Regional Council approved effluent disposal system
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Specifications for hot water heating system (consider seismic restraints)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Storm water disposal design and calculations
<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.
<input type="checkbox"/> Section NA			Solar Heating
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Specifications and installation details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location of solar panels/ tubes/roof tank on roof plan (orientation)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Flashing and installation details for pipe penetrations through walls/roof details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Demonstrate roof structure is designed for additional load (weight)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Water pipe type and insulation requirements
Comments – Council Use Only			

Customer Use Circle as appropriate		Documents 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 including 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 approved outfall
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Backflow preventer shown – type and location
<input type="checkbox"/> Section NA			Solid Fuel Heater
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Is the proposed appliance 'clean air' approved?
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location of SFH on floor plan in relation to windows, doors and flammable materials
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Make and model provided
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Manufacturers specifications provided including hearth information
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Cross section through roof including height of flue in relation to roof
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Flashing details (roof/wall penetrations)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location and distance of all smoke alarms
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Seismic restraint detailed
<input type="checkbox"/> Section NA			Wetback Installation
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location of hot water cylinder and size
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Wetback installation diagram/manufacturers installation instructions
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Tempering valve information provided
Comments – Council Use Only			

Council Specific Requirements – Please complete for your related Council			
<input checked="" type="checkbox"/> Section NA			Kawerau District Council
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Geotechnical report for new and relocatable buildings
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Relocatable/transportable Buildings – Please provide re-site report
<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"/>		Buildings built prior to 2000 undergoing alt. or add. – Asbestos Declaration

ADDITIONAL FEES

Please be aware that additional fees may be applied after lodgment deposit is paid, for inspections, processing, certificates, government levies and the like.

Person completing checklist

Name of person
signing: _____

Date: _____

Secure digital ID

☐ Agent ☐ Owner ☐ Other: _____

Name to be on
invoice: _____

Payment
Details: _____

COUNCIL USE ONLY**Outcome of decisions – Council Use Only****Officer****Date****Time**

☐ This application was not accepted for lodgement because documentation was incomplete

☐ This application needs to be re-vetted

☐ Documentation is now complete and the application is accepted for lodgement

☐ 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"/>
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Comments – Council Use Only