

Application No/BC: _____
Property ID #: _____

Form 2

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]

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]:

Signature: _____

Signature: _____ 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.

Signature: _____

Signature: _____ 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	\$ _____
Land Development fee	\$ _____
LODGEMENT FEE	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Industry Levy (MBIE)	\$ _____
Industry Levy (BRANZ)	\$ _____
External Review (Geotechnical)	\$ _____
External Review (Structural)	\$ _____
Land Development	\$ _____
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	\$ _____
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:

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	N/A		Application form completed in full and signed
Yes	N/A		Lodgement fee (refer to Schedule of Fees and Charges for amount)
Yes	N/A		Two (2) complete sets of drawings/report/specification/plans and other relevant documents are required
Yes	N/A		Form 2A Certificate of Design Work
Yes	N/A		All drawings must meet the minimum requirements of the technical drawings standard AS/NZS1100. Index provided for plans and specifications
Yes	N/A		Are you applying for owner/builder exemption? If yes, the appropriate documentation including Form 2b is to be supplied
Yes	N/A		All documents including photocopies must be legible
Yes	N/A		All plans are to be titled and dated (or version number)
			Legal Documentation Required
Yes	N/A		Full, current (less than three months old) Certificate of Title
Yes	N/A		Sale and purchase agreement with settlement date provided and confidential information hidden (if applicable)
<input type="checkbox"/> Section NA			Specifications and other Documentation
Yes	N/A		Technical specifications for proprietary systems/products e.g. tiled showers, membranes, cladding systems, and foundation systems
Yes	N/A		H1 calculations
Yes	N/A		E2 Risk Matrix
Yes	N/A		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	N/A		Engineering calculations and scope of works
Yes	N/A		Producer statements fully completed, signed and dated
Yes	N/A		Engineered plans or Architectural plans with engineer's details to be signed, dated and stamped
Yes	N/A		Proposed inspections regime
<input type="checkbox"/> Section NA			Site/Location Plan
Yes	N/A		North Point
Yes	N/A		Road frontage indicated and street named
Yes	N/A		Location of all existing and proposed buildings
Yes	N/A		Distance of buildings to boundaries and distance between existing and proposed buildings including eaves and gutters
Yes	N/A		Site levels and finished floor levels relative to Moturiki Datum survey point (if applicable)
Yes	N/A		Existing contours (proposed cut or fill also to be shown)
Yes	N/A		Building line restrictions and easements
Yes	N/A		Site boundaries/exclusive area boundaries for cross lease properties and common areas clearly shown
Yes	N/A		Show calculations and percentage of net site coverage
Yes	N/A		Labelled points on boundaries where overshadowing is taken from
Yes	N/A		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	N/A		Sediment control plan
Yes	N/A		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	N/A		Site Plan indicating position and height of retaining walls, other buildings and drainage points to an approved outfall
Yes	N/A		Elevations showing original ground level, cut and fill
Yes	N/A		Engineering design information where required
Yes	N/A		Has safety from falling and loadings from barrier been considered?
Yes	N/A		Cross sections/details (cut, fill, height of retained ground, waterproof membrane and drainage) and height of wall indicated
Yes	N/A		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	N/A		Foundation details
Yes	N/A		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	N/A		Concrete floor details provided
Yes	N/A		Control joints/saw cuts indicated
Yes	N/A		Bearer layout for floors and decks
Yes	N/A		Access/ventilation to subfloor space
<input type="checkbox"/> Section NA			Floor Plan
Yes	N/A		Plan of all floors describing the function of each room
Yes	N/A		Show all doors, windows and ventilation including enclosed space ventilation
Yes	N/A		Stairs, handrails and decking shown showing dimensions and details
Yes	N/A		Smoke alarms position shown
Yes	N/A		For additions and alterations, the existing shall be shown separately to the proposed and to the same scale for comparison
Yes	N/A		Chimneys and solid fuel heaters
Yes	N/A		Lintel sizes/beam sizes and proprietary system design
<input type="checkbox"/> Section NA			Framing Plan/ Bracing Plan
Yes	N/A		Bracing calculations/details – type and fixing
Yes	N/A		Framing plan including size, centers, grade and treatment of members
Yes	N/A		Bottom plate, top plate stud, lintel fixing details
Yes	N/A		Upper storey floor design if applicable
Yes	N/A		Floor joist layout for floors and decks
<input type="checkbox"/> Section NA			Roof Plan
Yes	N/A		Roof plan and roof bracing
Yes	N/A		Truss types/roof framing layout and design statement
Yes	N/A		Truss/ rafter and purlin fixings
<input type="checkbox"/> Section NA			Elevations
Yes	N/A		North, South, East and West elevations
Yes	N/A		Overshadowing/ daylighting angles labelled to correspond with points on site plan shown on all elevations
Yes	N/A		Height from ground level to apex of building
Yes	N/A		Show existing finished ground levels/floor levels and proposed finished ground levels/floor levels (subfloor ventilation and access)
Yes	N/A		Stairs, handrails and decking shown
Yes	N/A		Cladding systems, roofing type and any other relevant details
Yes	N/A		Window schedule
Yes	N/A		Roof pitch and chimneys (show height of chimney in relation to ridge)
Yes	N/A		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	N/A		Drawings showing constructional details of foundations, floor systems, wall, ceiling, stud heights and stud sizes, roof construction, balustrades and barriers.
Yes	N/A		Surface finishes to wet areas (walls and floor to laundry, kitchen and bathroom).
Yes	N/A		Location and type of insulation
Yes	N/A		Details for all penetration in walls, roof (i.e. windows, doors, meter boards, skylights etc.)
Yes	N/A		Cavity construction details where applicable
<input type="checkbox"/> Section NA			Plumbing and Drainage
Yes	N/A		All existing SEWERS, sewer connections and sewer drain locations and depth shown including Territorial Authority services
Yes	N/A		All existing STORMWATER drains and connections shown including Territorial Authority services
Yes	N/A		Proposed sewer and storm water drains/soak holes, terminal vents shown
Yes	N/A		Existing and proposed potable water supply
Yes	N/A		All existing and proposed sanitary fittings including pipe sizes, inspection fittings and gradients (isometric)
Yes	N/A		Standard Regional Council design system or Regional Council approved effluent disposal system
Yes	N/A		Specifications for hot water heating system (consider seismic restraints)
Yes	N/A		Storm water disposal design and calculations
<input type="checkbox"/> Section NA			Relocatable Buildings
Yes	N/A		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	N/A		Specifications and installation details
Yes	N/A		Location of solar panels/ tubes/roof tank on roof plan (orientation)
Yes	N/A		Flashing and installation details for pipe penetrations through walls/roof details
Yes	N/A		Demonstrate roof structure is designed for additional load (weight)
Yes	N/A		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	N/A		Site plan (refer site plan section of checklist)
Yes	N/A		Plan of all floors describing the function of each room including all doors and windows.
Yes	N/A		Fences/Gates with dimensions.
Yes	N/A		Show access restrictions, direction of opening and locking device details for doors and windows to pool area from all doors and windows
Yes	N/A		Have immediate pool area hazards been identified (climb hazards)
Yes	N/A		Pool manufacturer's specifications
Yes	N/A		Elevations/Cross section showing all construction details
Yes	N/A		Location of backwash indicating connection to approved outfall
Yes	N/A		Backflow preventer shown – type and location
<input type="checkbox"/> Section NA			Solid Fuel Heater
Yes	N/A		Is the proposed appliance 'clean air' approved?
Yes	N/A		Location of SFH on floor plan in relation to windows, doors and flammable materials
Yes	N/A		Make and model provided
Yes	N/A		Manufacturers specifications provided including hearth information
Yes	N/A		Cross section through roof including height of flue in relation to roof
Yes	N/A		Flashing details (roof/wall penetrations)
Yes	N/A		Location and distance of all smoke alarms
Yes	N/A		Seismic restraint detailed
<input type="checkbox"/> Section NA			Wetback Installation
Yes	N/A		Location of hot water cylinder and size
Yes	N/A		Wetback installation diagram/manufacturers installation instructions
Yes	N/A		Tempering valve information provided
Comments – Council Use Only			

Council Specific Requirements – Please complete for your related Council			
<input type="checkbox"/> Section NA			Kawerau District Council
Yes	N/A		Geotechnical report for new and relocatable buildings
Yes	N/A		Relocatable/transportable Buildings – Please provide re-site report
<input type="checkbox"/> Section NA			Rotorua Lakes Council
Yes	N/A		Soil investigation that has a conclusion readily identifiable in accordance with chapter 3 RCEIS
Yes	N/A		Any geothermal activity on or near site, distances to proposed building work (SED where <50m to a bore or geothermal feature)
Yes	N/A		Relocatable Buildings – Please provide re-site report
Yes	N/A		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: _____

Signature: _____

Signature: _____ Agent Owner Other: _____

Name to be on invoice: _____

Payment Details: _____

COUNCIL USE ONLY**Outcome of decisions – 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
