

# ROTORUA LAKES COUNCIL

Te Kaunihera o ngā Roto o Rotorua



Application No/BC: \_\_\_\_\_

Property ID #: \_\_\_\_\_

## Form 2

## SIMPLE

### APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT Section 33 or 45, Building Act 2004

Garage/Carport ☐ Decks ☐ Retaining ☐ Farm Buildings ☐ Temp Structure ☐

#### 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: \_\_\_\_\_ m<sup>2</sup>  
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, storm water 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 storm water 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 <i>[Supporting documents listed below]</i>	Waiver/ Modification <i>[Supporting documents listed below]</i>	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"/> 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> : _____



## 12. COMPLIANCE SCHEDULE:

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

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 (List Systems)

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<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 \_\_\_\_\_ m<sup>2</sup>

### FEE PAYABLE

Project Information Memorandum	\$ _____
Building Admin / Circulation	\$ _____
Technical Processing fee	\$ _____
Inspection fee	\$ _____
Planning fee	\$ _____
Land Development fee	\$ _____
<b><u>LODGEMENT FEE</u></b>	<b>\$ 0.00</b>
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**

<b><u>TOTAL BALANCE PAYABLE</u></b>	<b>\$ _____</b>
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

Form 2  
Form 8  
Form 15  
Etc.

### COUNCIL USE ONLY

Documents correctly named?

☐ YES ☐ NO

### PLANS – [NAMED AS FOLLOWS]

Plans - Architectural  
Plans - Structural  
Plans - Civil  
Plans – Mechanical  
Plans - Fire  
Etc.

### COUNCIL USE ONLY

Documents correctly named?

☐ YES ☐ NO

### Engineering [replace Engineer with professional]

Engineer - Engineering PS1 and supporting documentation or;  
Engineer - Engineering PS1  
Engineer - Engineering calculations  
Engineer - Engineering supporting documentation

Fire design  
Geotechnical report  
Truss design

### COUNCIL USE ONLY

Documents correctly named?

☐ YES ☐ NO

### SUPPORTING DOCUMENTATION

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

### COUNCIL USE ONLY

Documents correctly named?

☐ YES ☐ NO



# ROTORUA LAKES COUNCIL

Te Kaunihera o ngā Roto o Rotorua



## Building Consent Application Checklist SIMPLE BUILDING CONSENTS

☐ Garage/Carport ☐ Decks ☐ Retaining ☐ Farm Buildings ☐ Temp Structure

**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 (All)
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"/>		Lodgment 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"/>		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)
			Legal Documentation Required (All)
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)

### 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. foundation/structural design
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Natural hazard assessment report where applicable (erosion, falling debris, subsidence, inundation, slippage)
<input type="checkbox"/> Section NA			<b>Specific Design Engineering (Complete for all types of applications)</b>
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			<b>Site/Location Plan (Complete for all types of applications)</b>
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			<b>Drainage/ Services (Complete for all types of applications)</b>
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"/>		Storm Water – soak holes (sizes and depths), Council drains (if applicable) disposal
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Design for any proposed drainage including that installed behind retaining walls
<b>Comments – Council Use Only</b>			

Customer Use Circle as appropriate		Document Reference/Page #	Garages / Farm Sheds / Decks
<input type="checkbox"/> Section NA			
<input type="checkbox"/> Section NA			<b>Floor Plan</b>
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"/>		Dimensions of proposed building work
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Construction joints to control concrete shrinkage
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Finished floor levels/datum, daylight angles
<input type="checkbox"/> Section NA			<b>Foundation Plan</b>
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Foundation details and concrete strength, post foundations (must provide resistance to uplift)
<input type="checkbox"/> Section NA			<b>Structure</b>
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Framing, connections, bracing layout, details and calculations
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Fixing details including wind fixings and structure to floor/foundation
<input type="checkbox"/> Section NA			<b>Elevations</b>
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Claddings, openings, clearly indicated and their locations
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Daylighting (relevant to nearest boundary, if applicable)
<input type="checkbox"/> Section NA			<b>Cross Section</b>
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.
<input type="checkbox"/> Section NA			<b>Details</b>
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Flashing details for openings, change of cladding, internal/external corners
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Roof barge, ridge, apron, valley flashing details
<input type="checkbox"/> Section NA			<b>Fire Wall (consider distance from boundary)</b>
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Details provided for fire walls
<input type="checkbox"/> Section NA			<b>Plumbing Fixtures (laundry or toilets in non-habitable buildings)</b>
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Impervious finishes to linings and floors
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Specifications for hot and cold water heating system (consider seismic restraints)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Wastes pipe size, gradient and ventilation

<input type="checkbox"/> Section NA			<b>Relocatable Buildings</b>
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

<b>Customer Use</b> Circle as appropriate		<b>Retaining Wall</b>	
<input type="checkbox"/> <b>Section NA</b>			
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"/> <b>Section NA</b>		<b>Marquee (complete supplementary form to identify specific requirements) / Temporary Structures</b>	
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Floor plan, size of marquee, and proposed fixture layout
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Supplementary "Marquee Fire Safety and Hygiene Requirement" form completed
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Specific engineering design for temporary structures provided
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Number and location of exits including signage
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Specific design and flammability testing documentation provided.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Fire safety systems identified including emergency lighting for night time use
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Personal hygiene provisions
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Accessibility provisions for those with a disability
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Certificate for Public Use and Code Compliance Certificate application form completed

**Comments – Council Use Only**

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**Council Specific Requirements – Please complete for your related Council**

<input type="checkbox"/> <b>Section NA</b>		<b>Rotorua Lakes Council</b>	
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"/>		Buildings built prior to 2000 undergoing alt. or add. – Asbestos Declaration
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

**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 lodgment because documentation was incomplete☐ This application needs to be re-vetted☐ Documentation is now complete and the application is accepted for lodgment☐ Application will now proceed for compliance checking**Project Type****RBW**Yes ☐No ☐**Type**PIM ☐PIM/BC ☐BC ☐**Category**R1 ☐R2 ☐R3 ☐C1 ☐C2 ☐C3 ☐**Comments – Council Use Only**