

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

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

## Form 2

## MINOR

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

Fireplace ☐ Demolition/Removal ☐ Swimming Pools ☐ Solar ☐ Drainage ☐ Wet area Shower ☐

#### 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]

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]

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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]*

The following plans and specifications are attached to this application:

### 10. COMPLIANCE METHODS:

| Building Code Clause<br><i>Tick relevant clauses</i>     | Acceptable Solution<br>&<br>NZS 4121<br>Accessible Design   | Verification<br>Method   | Alternative<br>Solution<br>[Supporting<br>documents<br>listed below] | Waiver/<br>Modification<br>[Supporting<br>documents<br>listed below] | Proposed<br>Inspections  |
|--|---|--|--|--|--|
| <input type="checkbox"/> B1 Structure                    | <input type="checkbox"/> B1/AS1<br><input type="checkbox"/> B1/AS2<br><input type="checkbox"/> B1/AS3                                 | <input type="checkbox"/> B1/VM1<br><input type="checkbox"/> B1/VM2<br><input type="checkbox"/> B1/VM3<br><input type="checkbox"/> B1/VM4 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Engineer<br><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<br><input type="checkbox"/> Engineer<br><input type="checkbox"/> Other <i>(Specify)</i> : _____ |
| <input type="checkbox"/> C1-6 Protection from Fire       | <input type="checkbox"/> C/AS1<br><input type="checkbox"/> C/AS2  | <input type="checkbox"/> C/VM1<br><input type="checkbox"/> C/VM2   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Engineer<br><input type="checkbox"/> Other <i>(Specify)</i> : _____ |
| <input type="checkbox"/> D1 Access routes                | <input type="checkbox"/> D1/AS1<br><input type="checkbox"/> NZS 4121  | <input type="checkbox"/> D1/VM1  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Engineer<br><input type="checkbox"/> Other <i>(Specify)</i> : _____ |
| <input type="checkbox"/> E1 Surface water                | <input type="checkbox"/> E1/AS1<br><input type="checkbox"/> E1/AS2  | <input type="checkbox"/> E1/VM1  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Other <i>(Specify)</i> : _____                                      |
| <input type="checkbox"/> E2 External moisture            | <input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS4<br><input type="checkbox"/> E2/AS2<br><input type="checkbox"/> E2/AS3 | <input type="checkbox"/> E2/VM1<br><input type="checkbox"/> E2/VM2   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Other <i>(Specify)</i> : _____                                      |
| <input type="checkbox"/> E3 Internal moisture            | <input type="checkbox"/> E3/AS1<br><input type="checkbox"/> E3/AS2  |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><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<br><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<br><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<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____ |
|---|---------------------------------|--|--------------------------|--------------------------|---|

| Building Code Clause<br><i>Tick relevant clauses</i>                | Acceptable Solution<br>&<br>NZS 4121<br>Accessible Design  | Verification<br>Method   | Alternative<br>Solution<br>[Supporting<br>documents<br>listed below] | Waiver/<br>Modification<br>[Supporting<br>documents<br>listed below] | Proposed<br>Inspections  |
|---|--|--|--|--|--|
| <input type="checkbox"/> F5 Construction and demolition hazards     | <input type="checkbox"/> F5/AS1  |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____                                      |
| <input type="checkbox"/> F6 Visibility in escape routes             | <input type="checkbox"/> F6/AS1  |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____                                      |
| <input type="checkbox"/> F7 Warning systems                         | <input type="checkbox"/> F7/AS1  |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Engineer<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____ |
| <input type="checkbox"/> F9 Restricting access to residential pools | <input type="checkbox"/> F9/AS1  |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____                                      |
| <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<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____                                      |
| <input type="checkbox"/> G7 Natural light                           | <input type="checkbox"/> G7/AS1<br><input type="checkbox"/> G7/AS2                                       | <input type="checkbox"/> G7/VM1                                      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____                                      |
| <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"/> G12 Water supplies                         | <input type="checkbox"/> G12/AS1<br><input type="checkbox"/> G12/AS2<br><input type="checkbox"/> G12/AS3 | <input type="checkbox"/> G12/VM1                                     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____                                      |
| <input type="checkbox"/> G13 Foul water                             | <input type="checkbox"/> G13/AS1<br><input type="checkbox"/> G13/AS2<br><input type="checkbox"/> G13/AS3 | <input type="checkbox"/> G13/VM1<br><input type="checkbox"/> G13/VM4 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Council<br><input type="checkbox"/> Other ( <i>Specify</i> ):<br>_____                                      |

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

Supporting documentation attached as follows [please list]:

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## 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):

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☐ Current product certificate(s)

☐ Current manufacturer's certificate(s) referred to in section 45(1) (bb) of the Act

☐ Current manufacturer's certificate(s) referred to in section 45(1) (bc) of the Act

☐ Memoranda from licensed building practitioner(s) 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

☐ Other information relevant to this application: [Please specify]:

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# 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 \$ \_\_\_\_\_  
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 \$ \_\_\_\_\_  
Development Contribution \$ \_\_\_\_\_  
Section 72, 77, 363A (CPU) \$ \_\_\_\_\_  
\$ \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ROTORUA LAKES COUNCIL

Te Kaunihera o ngā Roto o Rotorua



## Building Consent Application Checklist

### MINOR

☐ Fireplace ☐ Demolition/Removal ☐ Swimming Pools ☐ Solar ☐ Drainage ☐ Wet area shower

**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<br>Circle as appropriate |     | Doc<br>ref./<br>page # | General Documentation Required (All)   | Council Use |    |     |
|---------------------------------------|-----|------------------------|--|-------------|----|-----|
| Yes                                   | N/A |                        | Application form completed in full and signed  | Yes         | No | N/A |
| Yes                                   | N/A |                        | Lodgment fee (refer to Schedule of Fees and Charges for amount)  | Yes         | No | N/A |
| Yes                                   | N/A |                        | Two (2) complete sets of drawings/report/specification/plans and other relevant documents are required                                     | Yes         | No | N/A |
| Yes                                   | N/A |                        | All drawings must meet the minimum requirements of the technical drawings standard AS/NZS1100. Index provided for plans and specifications | Yes         | No | N/A |
| Yes                                   | N/A |                        | All documents including photocopies must be legible  | Yes         | No | N/A |
| Yes                                   | N/A |                        | All plans are to be titled and dated (or version number)   | Yes         | No | N/A |
|                                       |     |                        | Legal Documentation Required (All)   |             |    |     |
| Yes                                   | N/A |                        | Full, current (less than three months old) Certificate of Title  | Yes         | No | N/A |
| Yes                                   | N/A |                        | Sale and purchase agreement with settlement date provided and confidential information hidden (if applicable)                              | Yes         | No | N/A |

#### Comments – Council Use Only



| Customer Use<br>Circle as appropriate |     | Doc ref./ page # | Solid Fuel Heaters  | Council Use                               |    |     |
|---------------------------------------|-----|------------------|---|---|----|-----|
| <input type="checkbox"/> Section NA   |     |                  |   | <input type="checkbox"/> Section Accepted |    |     |
| Yes                                   | N/A |                  | Is the proposed appliance 'clean air' approved?                                     | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Location of SFH on floor plan in relation to windows, doors and flammable materials | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Make and model provided   | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Manufacturers specifications provided including hearth information                  | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Cross section through roof including height of flue in relation to roof             | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Flashing details (roof/wall penetrations)   | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Location and distance of all smoke alarms   | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Seismic restraint detailed  | Yes                                       | No | N/A |
| <input type="checkbox"/> Section NA   |     |                  | Wetback Installation  | <input type="checkbox"/> Section Accepted |    |     |
| Yes                                   | N/A |                  | Location of hot water cylinder and size   | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Wetback installation diagram/manufacturers installation instructions                | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Tempering valve information provided  | Yes                                       | No | N/A |
| <input type="checkbox"/> Section NA   |     |                  | Other Solid Fuel Heaters  | <input type="checkbox"/> Section Accepted |    |     |
| Yes                                   | N/A |                  | Second hand fire producer statement (from an approved recognised expert)            | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Diesel burner information including isolating tap                                   | Yes                                       | No | N/A |
| Yes                                   | N/A |                  | Piping layout supplied  | Yes                                       | No | N/A |

| <input type="checkbox"/> Section NA |     |  | Plumbing and Drainage   | <input type="checkbox"/> Section Accepted |    |     |
|-------------------------------------|-----|--|---|---|----|-----|
| Yes                                 | N/A |  | All existing SEWERS, sewer connections and sewer drain locations and depth shown including Territorial Authority services | Yes                                       | No | N/A |
| Yes                                 | N/A |  | All existing STORMWATER drains and connections shown including Territorial Authority services                             | Yes                                       | No | N/A |
| Yes                                 | N/A |  | Proposed sewer and stormwater drains/soak holes, terminal vents shown   | Yes                                       | No | N/A |
| Yes                                 | N/A |  | All existing and proposed sanitary fittings including pipe sizes and gradients (isometric)                                | Yes                                       | No | N/A |
| Yes                                 | N/A |  | Standard Regional Council design system or Regional Council approved effluent disposal system                             | Yes                                       | No | N/A |
| Yes                                 | N/A |  | Specifications for hot water heating system (consider seismic restraints)   | Yes                                       | No | N/A |
| Yes                                 | N/A |  | Stormwater disposal design and calculations   | Yes                                       | No | N/A |

| <input type="checkbox"/> Section NA |     |  | Wet Area Showers (Level entry)   | <input type="checkbox"/> Section Accepted |    |     |
|-------------------------------------|-----|--|--|---|----|-----|
| Yes                                 | N/A |  | Entire floor plan and including location and distance of all smoke alarms  | Yes                                       | No | N/A |
| Yes                                 | N/A |  | Cross section of shower construction including timber treatment  | Yes                                       | No | N/A |
| Yes                                 | N/A |  | Product specifications for the shower system including substrate, tanking and its appraisal certificates and all impervious finishes | Yes                                       | No | N/A |
| Yes                                 | N/A |  | Size and gradient of waste pipes and any additional ventilation to same  | Yes                                       | No | N/A |

**Comments – Council use only**

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| Customer Use<br><small>Circle as appropriate</small> |     | Doc ref./<br>page # | Solar Heating  | Council Use<br><br><input type="checkbox"/> Section Accepted |    |     |
|--|-----|---------------------|--|--|----|-----|
| <input type="checkbox"/> Section NA                  |     |                     |  |  |    |     |
| Yes  | N/A |                     | Specifications and installation details  | Yes  | No | N/A |
| Yes  | N/A |                     | Location of solar panels/ tubes/roof tank on roof plan (orientation)               | Yes  | No | N/A |
| Yes  | N/A |                     | Flashing and installation details for pipe penetrations through walls/roof details | Yes  | No | N/A |
| Yes  | N/A |                     | Demonstrate roof structure is designed for additional load (weight)                | Yes  | No | N/A |
| Yes  | N/A |                     | Water pipe type and insulation requirements  | Yes  | No | N/A |
| Yes  | N/A |                     | Location and distance of all smoke alarms  | Yes  | No | N/A |

| <input type="checkbox"/> Section NA |     | Demolition/Removal | <input type="checkbox"/> Section Accepted   |     |    |     |
|-------------------------------------|-----|--------------------|---|-----|----|-----|
| Yes                                 | N/A |                    | Have building/s to be removed been identified on a site plan?   | Yes | No | N/A |
| Yes                                 | N/A |                    | Confirmation received that any services are to be capped off  | Yes | No | N/A |
| Yes                                 | N/A |                    | Have any hazardous building materials been identified, such as asbestos?  | Yes | No | N/A |
| Yes                                 | N/A |                    | Consideration of impact on adjoining/adjacent buildings i.e. specified systems, weather tightness, structure, site management | Yes | No | N/A |

| <input type="checkbox"/> Section NA |     | Swimming Pool/Spa Pool | <input type="checkbox"/> Section Accepted   |     |    |     |
|-------------------------------------|-----|------------------------|---|-----|----|-----|
| Yes                                 | N/A |                        | Site plan (refer site plan section of checklist)  | Yes | No | N/A |
| Yes                                 | N/A |                        | Plan of all floors describing the function of each room including all doors and windows and location and distance of all smoke alarms | Yes | No | N/A |
| Yes                                 | N/A |                        | Fences/Gates with dimensions  | Yes | No | N/A |
| Yes                                 | N/A |                        | Show access restrictions and locking device details for doors and windows to pool area from all doors and windows                     | Yes | No | N/A |
| Yes                                 | N/A |                        | Have immediate pool area hazards been identified  | Yes | No | N/A |
| Yes                                 | N/A |                        | Pool manufacturer's specifications  | Yes | No | N/A |
| Yes                                 | N/A |                        | Elevations/Cross section showing all construction details   | Yes | No | N/A |
| Yes                                 | N/A |                        | Location of backwash indicating connection to approved outfall  | Yes | No | N/A |
| Yes                                 | N/A |                        | Backflow preventer shown – type and location  | Yes | No | N/A |

| Comments – Council use only |
|-----------------------------|
|                             |

|                                     |     |  |   |   |    |     |
|-------------------------------------|-----|--|---|---|----|-----|
| <input type="checkbox"/> Section NA |     |  | <b>Rotorua Lakes Council</b>  | <input type="checkbox"/> Section Accepted |    |     |
| Yes                                 | N/A |  | Soil investigation that has a conclusion readily identifiable in accordance with chapter 3 RCEIS                              | Yes                                       | No | N/A |
| 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                                       | No | N/A |
| Yes                                 | N/A |  | Buildings built prior to 2000 undergoing alt. or add. – Asbestos Declaration  | Yes                                       | No | N/A |
| <input type="checkbox"/> Section NA |     |  | <b>Kawerau District Council</b>   | <input type="checkbox"/> Section Accepted |    |     |
| Yes                                 | N/A |  | Geotechnical report for new and relocatable buildings   | Yes                                       | No | N/A |
| Yes                                 | N/A |  | Relocatable/transportable Buildings – Please provide re-site report   | Yes                                       | No | N/A |

#### 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: \_\_\_\_\_ ☐ Agent ☐ Owner ☐ Other: \_\_\_\_\_

Name to be on invoice: \_\_\_\_\_

Payment Details: \_\_\_\_\_

#### COUNCIL USE ONLY

| Outcome of decisions – Council Use Only   | Officer | Date | Time |
|---|---------|------|------|
| <input checked="" type="radio"/> This application was not accepted for lodgement because documentation was incomplete |         |      |      |
| <input checked="" type="radio"/> This application needs to be re-vetted   |         |      |      |
| <input checked="" type="radio"/> Documentation is now complete and the application is accepted for lodgement          |         |      |      |
| <input checked="" type="radio"/> Application will now proceed for compliance checking                                 |         |      |      |

#### Project Type

|            |  |             |  |                 |   |
|------------|--|-------------|--|-----------------|---|
| <b>RBW</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Type</b> | PIM <input type="checkbox"/> PIM/BC <input type="checkbox"/> BC <input type="checkbox"/> | <b>Category</b> | R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> |
|------------|--|-------------|--|-----------------|---|

#### Comments – Council use only