

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] 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 [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"/> 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"/> 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> ): _____
<input type="checkbox"/> F9 Restricting access to residential pools	<input type="checkbox"/> F9/AS1		<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"/> 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"/> 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 <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> ): _____

#### 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]

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



## Building Consent Application Checklist

### 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 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 #	Solid Fuel Heaters
<input type="checkbox"/> Section NA			
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Is the proposed appliance 'clean air' approved?
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location of SFH on floor plan in relation to windows, doors and flammable materials
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Make and model provided
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Manufacturers specifications provided including hearth information
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Cross section through roof including height of flue in relation to roof
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Flashing details (roof/wall penetrations)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location and distance of all smoke alarms
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Seismic restraint detailed
<input type="checkbox"/> Section NA			Wetback Installation
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location of hot water cylinder and size
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Wetback installation diagram/manufacturers installation instructions
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Tempering valve information provided
<input type="checkbox"/> Section NA			Other Solid Fuel Heaters
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Second hand fire producer statement (from an approved recognised expert)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Diesel burner information including isolating tap
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Piping layout supplied

<input type="checkbox"/> Section NA			Plumbing and Drainage
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		All existing SEWERS, sewer connections and sewer drain locations and depth shown including Territorial Authority services
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		All existing STORMWATER drains and connections shown including Territorial Authority services
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Proposed sewer and stormwater drains/soak holes, terminal vents shown
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		All existing and proposed sanitary fittings including pipe sizes and gradients (isometric)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Standard Regional Council design system or Regional Council approved effluent disposal system
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Specifications for hot water heating system (consider seismic restraints)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Stormwater disposal design and calculations

<input type="checkbox"/> Section NA			Wet Area Showers (Level entry)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Entire floor plan and including location and distance of all smoke alarms
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Cross section of shower construction including timber treatment
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Product specifications for the shower system including substrate, tanking and its appraisal certificates and all impervious finishes
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Size and gradient of waste pipes and any additional ventilation to same

Comments – Council use only

Customer Use Circle as appropriate		Document Reference / Page #	Solar Heating
<input type="checkbox"/> Section NA			
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Specifications and installation details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location of solar panels/ tubes/roof tank on roof plan (orientation)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Flashing and installation details for pipe penetrations through walls/roof details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Demonstrate roof structure is designed for additional load (weight)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Water pipe type and insulation requirements
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Location and distance of all smoke alarms

<input type="checkbox"/> Section NA		Demolition/Removal
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Have building/s to be removed been identified on a site plan?
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Confirmation received that any services are to be capped off
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Have any hazardous building materials been identified, such as asbestos?
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Consideration of impact on adjoining/adjacent buildings i.e. specified systems, weather tightness, structure, site management

<input type="checkbox"/> Section NA		Swimming Pool/Spa Pool
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Site plan (refer site plan section of checklist)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Plan of all floors describing the function of each room including all doors and windows and location and distance of all smoke alarms
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Fences/Gates with dimensions
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Show access restrictions and locking device details for doors and windows to pool area from all doors and windows
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Have immediate pool area hazards been identified
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Pool manufacturer's specifications
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Elevations/Cross section showing all construction details
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Location of backwash indicating connection to approved outfall
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Backflow preventer shown – type and location

Comments – Council use only

<input type="checkbox"/> Section NA		Rotorua Lakes Council	
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Soil investigation that has a conclusion readily identifiable in accordance with chapter 3 RCEIS
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Any geothermal activity on or near site, distances to proposed building work (SED where <50m to a bore or geothermal feature)
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		Buildings built prior to 2000 undergoing alt. or add. – Asbestos Declaration
<b>ADDITIONAL FEES</b> <i>Please be aware that additional fees may be applied after lodgment deposit is paid, for inspections, processing, certificates, government levies and the like.</i>			
Person completing checklist			
Name of person signing:		Date:	
<div>Secure digital ID</div>		<input type="checkbox"/> Agent <input type="checkbox"/> Owner <input type="checkbox"/> Other:	
Name to be on invoice:			
Payment Details:			
COUNCIL USE ONLY			
Outcome of decisions – Council Use Only		Officer	Date
Time			
<input type="checkbox"/> This application was not accepted for lodgement because documentation was incomplete			
<input type="checkbox"/> This application needs to be re-vetted			
<input type="checkbox"/> Documentation is now complete and the application is accepted for lodgement			
<input type="checkbox"/> Application will now proceed for compliance checking			
Project Type			
RBW	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	PIM <input type="checkbox"/> PIM/BC <input type="checkbox"/> BC <input type="checkbox"/>
Category	R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/>		
Comments – Council use only			