RANGITĪKEI DISTRICT COUNCIL

SS 16 - Cable Cars

Compliance Schedule Details: SS 15/5 – Smoke Separations				
Please provide the following information with your Building Consent Application - Form 2 (If you need help to complete this form, consult the system provider or an IQP who is registered for the system above)				
Applicant Name: Site Address: Existing Compliance Schedule Number(s): (if applicable) SPECIFIED SYSTEM DESCRIPTION (address those item)			Building Name: Installation provider: <i>(if known)</i> Risk / Purpose group: Fire Hazard Category: Total Occupant Load:	
Specified systems: Existing New Modified Removed				
Type: Walls forming a protected path in a building A smoke stop door Smoke resistant lift lobby Other: [specify] Location Plan for exits and records is attached: YES				
No.	Equipment location Make (Main co		omponents)	Model
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
	If needed continue the list on another sheet of paper			
STANDARDS (address those items that apply)				
Specifically, designed solutions do not apply if the system has been installed against a specific Standard / document.				





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