

AMENDMENT TO COMPLIANCE SCHEDULE
Section 106, Building Act 2004

OFFICE USE ONLY

Compliance Schedule Number:	
Valuation Number:	
Date Application Received:	

SECTION 1

BUILDING

Street address of building: <i>(for structures that do not have a street address, state the nearest street intersection and the distance/direction from that intersection)</i>	
Legal description of land where building is located: <i>(state legal description as at the date of application and, if subdivision is proposed include details of relevant lot numbers and subdivision consent)</i>	
LOT:	DP:
SEC No:	BLK No:
VAL No:	BLK Name:
Building name: <i>(if applicable)</i>	
Location of building within site/block:	
Level/Unit number:	
Currently lawfully established use:	

SECTION 2

OWNER

Name of owner(s): <i>(eg Mr, Mrs, Miss, Ms)</i>			
Contact person(s):			
Mailing address:			
	Postcode:		
Street address/Registered office:			
	Postcode:		
Owner(s) contact details:			
Landline:	Mobile:		
Daytime:	After hours:		
Fax:	Website:		
Email:			
Evidence of Ownership: <i>(Please attach one of the following, as appropriate to the circumstances, showing full name of legal owner(s) of the building/land)</i>			
Certificate of title	<input type="checkbox"/>	Agreement for sale and purchase	<input type="checkbox"/>
Lease	<input type="checkbox"/>	Other document <i>(rates demand etc)</i>	<input type="checkbox"/>

SECTION 3

AGENT

(Only required if application is made on behalf of the owner)

Name of Agent(s): *(eg Mr, Mrs, Miss, Ms)*

Contact person(s):

Mailing address:

Postcode:

Street address/Registered office:

Postcode:

Agent(s) contact details:

Landline:

Mobile:

Daytime:

After

hours:

Fax:

Website:

Email:

Relationship to Owner: *(State details and provide written authorisation from the owner(s) to make the application on the owner(s) behalf)*

First Point of Contact for Communication with the Council/Building Control Authority:

Agent:

Owner:

Preferred correspondence:

Fax:

Email

Post:



PLEASE READ

- The Compliance Schedule Application will **NOT BE ACCEPTED** unless all sections are completed
- Upon lodging application with Council, the FEE is required
- The Compliance Schedule application will **NOT BE ACCEPTED** unless a copy of the existing Compliance Schedule is attached

SECTION 4

COMPLIANCE SCHEDULE APPLICATION FEES

(Set by the Council in accordance to Section 219 of The Building Act 2004 and Section 150 of the Local Government Act 2002)

CLASSIFICATION	FIXED FEE \$
Amendment to Compliance Schedule	73.00
Inspections (BWOFF, Swimming pool, Building Consent, General Compliance)	196.00
Annual Building Warrant of Fitness renewal	143.00

SECTION 5

DECLARATION

Name:

Signature:

Date:

**Owner(s)
signature:**

Agent(s) signature on behalf of and with the authority of the owner

SECTION 6

APPLICATION

Please tick the relevant box(es) to show which systems are included, or to be included in the building project

SPECIFIED SYSTEMS (SS)		EXISTING	NEW or MODIFIED	REMOVE
SS01	Automatic systems for fire suppression (eg sprinkler system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS02	Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and serves only that unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS03	Electromagnetic or automatic doors or windows (eg ones that close on fire alarm activation)			
	03.1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03.2 Access controlled doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03.3 Interface fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS04	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS05	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS06	Rise mains for fire services use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS07	Automatic back-flow prevention device connected to potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS08	Lifts, escalators or travelators or other systems for moving people or goods within buildings			
	08.1 Passenger – carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08.2 Service lifts including dumb waiters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08.3 Escalators and moving walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS09	Mechanical ventilation or air conditioning systems			
	09.1 Cooling tower as part of an air conditioning system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	09.2 Cooling tower as part of a processing plant (not a Specified System)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS10	Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12	Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13	Smoke control systems			
	13.1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13.2 Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13.3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14	Emergency power systems			
	14.1 Emergency power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14.2 Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15	Emergency power systems for, or signs relating to, a system or feature specified in any of the clauses 1 to 13			
	15.1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15.2 Final exits (as defined by A2 of the Building Code); and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15.3 Fire separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15.4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15.5 Smoke separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS16	Cable Car (including to individual dwelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY
(To be completed by Rangitikei District Council ONLY)

DECLARATION				Yes	No	NA
1	Are all sections of the application form completed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Specified Systems correctly identified in Section 6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A copy of the existing Compliance Schedule attached			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Vetting completed and application accepted			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Reason for decision – Correct information provided			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Vetting completed and application incomplete			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Reason for decision – Noted below:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Yes	No	NA
8	Application sent back to Agent/Owner	Dated:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Vetting Officer:						
Signature:					Date:	