

CERTIFICATE OF ACCEPTANCE APPLICATION FORM
Section 97, Building Act 2004

OFFICE USE ONLY

Valuation Number:

Date Application Received:

SECTION 1

BUILDING

Street address of building: *(for structures that do not have a street address, state the nearest street intersection and the distance/direction from that intersection)*

Legal description of land where building is located: *(state legal description as at the date of application and, if subdivision is proposed include details of relevant lot numbers and subdivision consent)*

LOT:

DP:

SEC No:

BLK No:

VAL No:

BLK Name:

Building name: *(if applicable)*

Location of building within site/block:

Number of levels:

Level/Unit number:

Area: *(Floor area of building work)*

Currently lawfully established use:

Year first constructed: *(approximate date is acceptable)*

SECTION 2

OWNER

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

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: *(Please attach one of the following, as appropriate to the circumstances, showing full name of legal owner(s) of the building/land)*

Certificate of title

Agreement for sale and purchase

Lease

Other document
(eg rates etc)

SECTION 3

AGENT

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

Name of Agent(s): <i>(eg Mr, Mrs, Miss, Ms)</i>			
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: <i>(State details and provide written authorisation from the owner(s) to make the application on the owner(s) behalf)</i>			
First Point of Contact for Communication with the Council/Building Control Authority:			
Agent:	<input type="checkbox"/>	Owner:	<input type="checkbox"/>
Preferred correspondence:			
Fax:	<input type="checkbox"/>	Email:	<input type="checkbox"/>
		Post:	<input type="checkbox"/>

SECTION 4

BUILDING WORK

Description of the building work: *(Please provide sufficient description of building work to enable scope of work to be fully understood)*

Intended life of the building if less than 50 years:

Date building work carried out:

Estimated value of building work on which the building levy will be calculated: *(Include the goods and services tax):*

\$

Did the building work result in a change of use of the building? *(If Yes please provide details of the new use below)*

No:

List Building Consent(s) previously issued for this project: *(If applicable)*

SECTION 5

THE PERSONNEL WHO CARRIED OUT THE BUILDING WORK ARE AS FOLLOWS

(List names, addresses, phone numbers and (where relevant) registration number)

Builder Business/Name:	
Address:	

Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
Email:			
Designer Business/Name:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
Email:			
Drain layer Business/Name:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
Email:			
Plumber Business/Name:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
Email:			
Gas fitter Business/Name:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
Email:			
Electrician Business/Name:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
Email:			
Other Business/Name:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
Email:			
Other Business/Name:			
Address:			
Daytime phone:		Mobile:	
Fax:		Registration/Qualification:	
Email:			

SECTION 6

REASONS WHY A CERTIFICATE OF ACCEPTANCE IS REQUIRED

The owner, or the owner's predecessor in title, carried out building work for which a Building Consent was required, but a Building Consent was not obtained because: *(Please provide a full explanation below)*

A Building Consent could not practicably be obtained in advance because the building work had to be carried out urgently: *(Delete one of the following)*

(A) For the purpose of saving or protecting life or health or preventing serious damage to property as follows:

(B) In order to ensure that a Specified System was maintained in a safe condition or made safe as follows:

The Building Control Authority that granted the Building Consent is unable or refuses to issue a Code Compliance Certificate in relation to the building work and no other Building Control Authority will agree to issue a Code Compliance Certificate for the building work *(State details of name of Building Control Authority and Building Consent granted)*

SECTION 7

COMPLIANCE SCHEDULE

(Ignore this section if this is an application for a Property Information Memorandum only)

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

SPECIFIED(SS) and NON-SPECIFIED SYSTEMS (NS)		EXISTING	NEW or MODIFIED	REMOVED
THERE ARE NO SPECIFIED SYSTEMS IN THE BUILDING		<input type="checkbox"/>		
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"/>

Date:		Date:			
Owner(s) signature: <input type="checkbox"/>		Agent(s) signature on behalf of and with the authority of the owner <input type="checkbox"/>			
SECTION 11					
GUIDELINES					
The Building Act 2004 gives owners an opportunity to apply for a Certificate of Acceptance for the following reasons:					
<ol style="list-style-type: none"> To cover building work carried out in urgency to avoid health and safety risks, under Section 42 of the Building Act 2004. To cover any work carried out after December 1992 by the existing or previous owner(s) as named on titles, where a Building Consent should have been taken out. Where a private building certifier is unable to, or refuses to issue a Code Compliance Certificate for a Building Consent issued prior to 31 March 2005. This is limited to Certificate of Acceptance applications received prior to 31 March 2010, as noted in Section 96(1) of Building Act 2004. 					
Conditions for approving an application:					
<ol style="list-style-type: none"> A Certificate of Acceptance cannot be applied for in place of a Building Consent, unless emergency work was carried out (refer to reason 1 above). All plans and specifications normally required for a Building Consent are to be supplied with the Certificate of Acceptance application. Submitted plans and specifications must be to a high standard. Insufficient or poor quality information may result in delays in processing your application. A Certificate of Acceptance will only cover items that the Council can readily inspect to ensure compliance with the New Zealand Building Code. Council may exclude items that cannot be inspected by the building official. All applications need to include the following, where applicable: <ul style="list-style-type: none"> Detailed plans and specifications Design and/or supervision certificates Current Certificate of Title A report from a suitably qualified consultant regarding the applicable construction and compliance with the Building Code A letter from the present owner explaining why a Building Consent was not obtained prior to the construction applicable to the Certificate of Acceptance It will be required for specific design components of a project to include the design engineer's PS1 Certificate and the PS4 for the 'Construction Review' of those components. If a Property Information Memorandum has previously been issued by Council for this project, a copy should be attached to this application. Inspections will be carried out for this application. Applicants need to be aware that if a Notice to Fix is required, an application for a Certificate of Acceptance will not stop any prosecution under Section 40 or the Building Act 2004. 					
OFFICE USE ONLY					
RESIDENTIAL CONSTRUCTION			Yes	No	NA
1	Quality of plans acceptable (<i>Graph paper, pencil and single line drawings not acceptable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Specifications relevant and comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are all trade sections nominated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Site plan – contours, datum, floor levels nominated, with measurements to boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Dimensioned floor plans provided for each level showing existing and proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	All rooms clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECLARATION			Yes	No	NA
7	Are all sections of the application form completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Specified Systems correctly identified in Section 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	2 copies of plans and specifications and all associated documentation been provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Vetting completed and application accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Reason for decision – Correct/Incorrect information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Is the building listed as an historic site in the District Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Vetting Officer:					
Signature:				Date:	