

Building Warrant of Fitness Report and Declaration (B-RaD)

1. THE BUILDING *[Complete ALL fields on this form. Put N/A if not applicable.]*

Street Address of building:

Legal description of land where building is located: Lot(s): DP/S:

Building Name:

Location of building within site / block number: Level / Unit Number:

Current, lawfully established, use: (NZBC A1)

Year first constructed: Intended life of the building if 50 years or less years.

Highest fire hazard category for building use: [state number] Risk Group

Occupant Load Activity (Change of Use Regulations)

The compliance schedule is kept at:.....

Compliance Schedule Anniversary Date: Compliance Schedule No.:

2. THE OWNER

Name of Owner / Company:

Contact person *[If the Owner is NOT an individual]*:

Mailing address:

Street address / registered office:

Phone Number:
Landline:
Mobile:
Daytime:
After hours:

Email address:

Invoice to: Owner Agent

First point of contact: Owner Agent

3. AGENT *[only required if application is being made on behalf of the owner]*

Name of Agent / Company:

Contact person *[If the Owner is NOT an individual]*:

Mailing address:

Street address / registered office:

Phone Number:
Landline:
Mobile:
Daytime:
After hours:

Email address:

Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf]

.....

4. OWNER DECLARATION

A BWoF was unable to be supplied and displayed because one or more scheduled inspection and/or maintenance procedures of the compliance schedule was not carried out.

The following table details whether a specified system was affected by the missed procedures and the current performance of the specified system with its respective performance standard.

SPECIFIED SYSTEM SUMMARY REPORT

Specified System <i>Example – SS2 – Emergency warning systems</i>	Procedure Missed Y / N / N/A	Currently Performing Y / N / N/A	Form 12A supplied Y / N / N/A	S-RaD supplied Y / N / N/A

For more information on inspection, maintenance and reporting procedures missed and/or current performance details, please see the individual Specified System Report and Declaration (S-RaD) for the specified system concerned.

Signature of: OWNER or by the AGENT on behalf of and with the authority of the owner: *[tick correct one]*

Signature: Date:

Name of person signing:

Incomplete applications cannot be accepted for processing you will be asked to complete the application and re-submit it.

OFFICE USE ONLY	BC No:
FEES PAYABLE	AMOUNT (\$)

