

## **Extension of Time Application**

INSTRUCTIONS: Complete ALL fields on this form. Put N/A if not applicable. Cross out mistakes don't use white out fluid / tape. Contact your local Council for fees.

1. TYPE OF EXTENSION [Tick one or both, as applicable]	
I wish to apply for an Extensi	ion of Time for:
	ILDING WORK: Work has not started within 1 year of the building consent being issued, and the building consent
	s extension. (This does not extend the completion date. If you require an extension to complete the building work tick both boxes)  BUILDING WORK: Work will not be completed within 2 years of the building consent being granted
	□ Owner □ Owner's agent Date:
2. THE OWNER / AGENT	
Name / Company:	
Email address:	Contact person
On Site Contact Person: Nar	me: Phone:
3. THE BUILDING PROJE	СТ
Consent No.:	
Street address of building:	
Description of the building work:	
Current stage of the project:	
Last inspection - type and date:	
4. REAGON FOR EXTENSION	
Length of time requested:	Reason for requested time:
OFFICE USE ONLY	DECISION:   The application for extension of time is to be GRANTED
	☐ The application for extension of time is to be REFUSED
REASON FOR DECISION:	
	Grant extension of time. The extension to start the building work is granted until
[Date]	☐ Grant extension of time. The extension for building work is granted until
	□ Refuse extension of time
Officer:	Signature: Decision Date:















