

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 Extension of Time for:	
□ STARTING THE BUILDING WORK: Work has not started within 1 year of the building consent being issued, and the building consent will lapse without this extension (This does not extend the completion date. If you require an extension to complete the building work tick both boxes) □ COMPLETING THE BUILDING WORK: Work will not be completed within 2 years of the building consent being granted	
Signature: Own	er Owner's agent Date:
2. THE OWNER / AGENT	
Name / Company:	
Mail address:	
Phone: Landline: Mobil	e:
Email address: Conta	act person
On Site Contact Person: Name: Phone	e:
3. THE BUILDING PROJECT	
Consent No.:	
Street address of building:	
Description of the building work:	
Current stage of the project:	
Last inspection - type and date:	
4. REASON FOR EXTENSION	
Length of time requested:	
Reason for requested line.	
OFFICE USE ONLY DECISION: ☐ The application for extension of time is to be GRANTED.	
☐ The application for extension of time i	
REASON FOR DECISION:	
OUTCOME OF DECISION: Grant extension of time. The extension to start the building work is granted until	
Officer: Signature:	Decision Date:















