

Form 11: Application for Amendment to Compliance Schedule

Section 106, Building Act 2004 / Amendment: Section 102A Building Amendment Act 2012

1. THE BUILDING [Complete ALL fields on this form. Put N/A if not a	pplicable. Cross out mistakes don't use white out huid / tapej	
Street Address of building:	Data reactived.	
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: [Include number. of occupants per level and		
If use was changed by the building work this application relates to, state the	Lincument / Darcel No ·	
2. THE OWNER	3. AGENT [only required if application is being made on behalf of the owner]	
Name of Owner / Company:	Name of Agent / Company:	
Contact person [If the Owner is NOT an individual]:	Contact person [If the Owner is NOT an individual]:	
Mailing address:	Mailing address:	
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Street address / registered office:	Street address / registered office:	
-	-	
Phone Number:	Phone Number:	
Landline:	Landline:	
Mobile:	Mobile:	
Daytime:	Daytime:	
After hours:	After hours:	
Facsimile number:	Facsimile number:	
Email address:	Email address:	
Website:	Website:	
The following evidence of ownership is attached to this application:	make the application on the owner's behalf]	
Copy of Record of Title Lease Agreement		
☐ Agreement for Sale and Purchase ☐ Other Document:	FIRST POINT OF CONTACT: For communications with the Council	
	☐ Owner ☐ Agent ☐ Full name & contact details supplied	
	INVOICE TO:	
4. APPLICATION	<u> </u>	
I request that the Compliance Schedule for the above building be amended as follows:		
Specified System:		
	·	
Amendment:		















State why amendment is required to ensure that the specified system meets the performance standards:					
The following are attached to this application: Copy of existing Compliance Schedule Plans and specifications Certificates that relate to the energy work As-laid drainage plans (if applicable) 6. SIGNATURE Signature of: OWNER or by the AGENT on behalf of and with the authority of the Owner: [tick correct one] Signature: Name of person Signing: Date: Incomplete applications cannot be accepted for processing you will be asked to complete the application and re-submit it. OFFICE USE ONLY BC No:	Reason: State why amendment is required to ensure that the specified system meets the performance standards:				
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FEES PAYABLE AMOUNT (\$) AMOUNT (\$)	OFFICE USE ONLY	BC No:			
	FEES PAYABLE	AMOUNT (\$)			















