

## Form 15: Application for Certificate for Public Use

Section 363A, Building Act 2004

[Complete ALL fields on this form. Put N/A if not applicable. Cross out mistakes don't use white out fluid / tape]

THE PREMISES / PART OF PREMISES [Description of premises / part of premises for which certificate is sought] 1.

Identify the building in which the premises or part of premises are located: Street No: Street name:	OFFICE ONLY: Date received:
Town: Building name:	
Location of building within site / block number:	
Lot(s) DP/S Site area (ha) (m <sup>2</sup> )	Consent No.:
Year first constructed:	Document / Parcel No.:
Describe those premises or that part of the premises [If appropriate provide plans/diagrams that clearly delineate the premises or part of premises]:	Valuation No.:
	Valuation No.

## **BUILDING WORK AFFECTING PREMISES / PART OF PREMISES** 2.

Building consent number / consent numbers:

loound by Manager flouid lines are and a show	(Council) that issued the building consent(s)]	
ISSUED DV: INAME OF DUIIDING CONSENT AUTOOR	יניסטחכוט זחמן וצגוופת זחפ הטוותוחת כסחגפחזוגט	
issued by indine of building consent durion		

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3. APPLICANT DETAILS (Person who owns, occupies, or controls premises)	4. AGENT Only required if application is being made on behalf of the owner, occupier, or person in control of premises
Name of Applicant / Company: Contact person <i>[If the Owner is NOT an individual]</i> :	Name of Agent / Company: Contact person [If the Owner is NOT an individual]:
Mailing address:	Mailing address:
Phone Number:	Phone Number:
Mobile:	Mobile:
Daytime:	Daytime:
After hours:	After hours:
Facsimile number:	Facsimile number:
Email address:	Email address:



Hamilton City Council

## 4. Application

It is intended to perm	nit members of the pub	ficate has been issued for the lic to use the  premises purposes and circumstances]	building work. ] part of the premises describ	ed above for the followi	ng purposes
Purposes:					
Circumstances:					
Members of the public can use the $\Box$ premises $\Box$ part of the premises described above safely because the following precautions have been taken to protect the public:					
The following specified systems in the premises or part of the premises are operational:					
Details of management of any special risks (e.g, means of escape from fire) on site:  Described below, or  See attached information					
· ·	, ,		list names, addresses, phone i	numbers, and (where re	elevant)
		or additional personnel			
Practitioners N	Vame	Address	Phon	ne License / F Number	Registration
Designer					
Engineer					
Builder					
Plumber					
Drain layer					
Electrician					
Gas filter					
Other					
premises descri Signature of:	bed above. Iwner 🗌 Occupie	er Person in control of		for the premises or the	part of the
	0	id with the authority of, the ow		Det	_
_		Name of person	signing:		2
	ents are attached to th		cupier or Person with control (	or Agent authorized by	Owner)
<ul> <li>Evidence of applicant's status (proof that they are the Owner, Occupier or Person with control or Agent authorized by Owner)</li> <li>Plans and diagrams showing the premises or part of the premises described above.</li> <li>Documentation relevant to the safety of the premises / part of the premises:</li> <li>Engineer'sreport</li> </ul>					
	rtificates concerning sp	ecified systems porting CPU application			
🗆 🗆 Fire	e evacuation scheme &	Fire Service support of applic			
Plans showing relevant fire safety precautions (Specified systems: alarms, sprinklers, emergency lighting, illuminated exit signage, exit signage, HVAC)					
OF THE CPU     Proof that sanitary / drainage facilities are operational     REQUESTED DURATION OF THE CPU					
Start Date:					
(Note: The BCA may place limitations on the duration of the CPU, after which date a further application for CPU may be required)					
If the application is incomplete processing cannot begin and you will be asked to complete the application and re-submit it. If the information supplied does not adequately support your application, further evidence will be requested before a decision is made.					

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

