

Application for New 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 applicable. Cross out mistakes, don't use whiteout fluid / tape]*

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: <i>[Include number of occupants per level, and per use, if more than 1 use. If use was changed by the building work this application relates to, state the previous use]</i>	OFFICE ONLY: Date received: Consent No.: Document / Parcel No.: Valuation No.:
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2. THE OWNER

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

Name of Owner / Company: Contact person <i>[If the Owner is NOT an individual]</i> : Mailing address: Street address / registered office: Phone Number: Landline: Mobile: Daytime: After hours: Facsimile number: Email address: Website: The following evidence of ownership is attached to this application: <input type="checkbox"/> Copy of Record of Title <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Agreement for Sale and Purchase <input type="checkbox"/> Other Document:	Name of Agent / Company: Contact person <i>[If the Owner is NOT an individual]</i> : Mailing address: Street address / registered office: Phone Number: Landline: Mobile: Daytime: After hours: Facsimile number: Email address: Website: Relationship to owner: <i>[State details of the authorisation from the owner to make the application on the owner's behalf]</i> FIRST POINT OF CONTACT: For communications with the Council <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Full name & contact details supplied INVOICE TO: <input type="checkbox"/> Owner <input type="checkbox"/> Agent
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4. APPLICATION

I request that a Compliance Schedule be issued for the above building

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:

5. ATTACHMENTS

The following are attached to this application:

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| <input type="checkbox"/> Copy of existing Compliance Schedule | <input type="checkbox"/> PIM |
| <input type="checkbox"/> Plans and specifications | <input type="checkbox"/> Certificates from the personnel who carried out the work |
| <input type="checkbox"/> Certificates that relate to the energy work | <input type="checkbox"/> As-laid drainage plans <i>(If applicable)</i> |
| <input type="checkbox"/> Compliance Schedule Details Forms | |

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 (\$)

