

## Building Warrant of Fitness Report and Declaration (B-RaD)

### 1. THE BUILDING [Complete ALL fields on this form. Put N/A if not applicable.]

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: (NZBC A1) .....

Year first constructed: ..... Intended life of the building if 50 years or less ..... years.

Highest fire hazard category for building use: [ state number] ..... Risk Group .....

Occupant Load ..... Activity (Change of Use Regulations) .....

The compliance schedule is kept at: .....

Compliance Schedule Anniversary Date: ..... Compliance Schedule No.: .....

### 2. THE OWNER

Name of Owner / Company: .....

Contact person [If the Owner is NOT an individual]: .....

Mailing address: .....

Street address / registered office: .....

Phone Number:  
Landline: .....  
Mobile: .....  
Daytime: .....  
After hours: .....

Email address: .....

Invoice to: ☐ Owner ☐ Agent

First point of contact: ☐ Owner ☐ Agent

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

Name of Agent / Company: .....

Contact person [If the Owner is NOT an individual]: .....

Mailing address: .....

Street address / registered office: .....

Phone Number:  
Landline: .....  
Mobile: .....  
Daytime: .....  
After hours: .....

Email address: .....

Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf]

A BWoF was unable to be supplied and displayed because one or more scheduled inspection and/or maintenance procedures of the compliance schedule was not carried out.

The following table details whether a specified system was affected by the missed procedures and the current performance of the specified system with its respective performance standard.

[illegible]

For more information on inspection, maintenance and reporting procedures missed and/or current performance details, please see the individual Specified System Report and Declaration (S-RaD) for the specified system concerned.

Signature of: OWNER or by the AGENT on behalf of and with the authority of the owner: *[tick correct one]*

Signature: ..... Date: .....

Name of person signing: .....

**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 (\$)

