

## 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]

#### 4. OWNER DECLARATION

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.

## SPECIFIED SYSTEM SUMMARY REPORT

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 (\$)