

Form 2: Application for PIM and/or Building Consent

Section 33 or section 45, Building Act 2004

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

Street address of building:	OFFICE ONLY:
Legal description of land where building is located: Lot(s) DP/S.....	Date received:
Building name:	Consent / PIM No.:
Location of building within site / block number: [include nearest street access]	Document or Parcel No.:
Number of levels: [above & below ground] Level / Unit Number:	Valuation No.:
Floor area: (sq m) [Indicate area affected by the building work]	
Current, <u>lawfully established, use</u> : [add no. of occupants per level and per use if more than 1]	
Year first constructed: [approximate date is acceptable e. g.: c1920s or 1960-1970]	

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 <i>[If the Owner is NOT an individual]</i> :	Contact person <i>[If the Agent is NOT an individual]</i> :
Mailing address:	Mailing address:
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:
Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf]	
FIRST POINT OF CONTACT for communications with the Council / Building Consent Authority: <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	

4. APPLICATION [Tick if applicable]

I request that you issue:	PLEASE COMPLETE THE FOLLOWING SECTIONS
<input type="checkbox"/> A Project Information Memorandum (PIM)	COMPLETE SECTIONS: 5, 7
<input type="checkbox"/> A Building Consent [The existing PIM No. : (If applicable)]	COMPLETE SECTIONS: 5, 6, 8, 9, 10
<input type="checkbox"/> An Amendment to an existing Building Consent for the building work described in this application. [Existing BC No]	COMPLETE SECTIONS: 5, 6, 8, 9, 10
State the reference number if this application involves a National Multiple Use or BuiltReady Approval:	
Name: Signature: Date:	
The signature is that of the <input type="checkbox"/> Owner OR the <input type="checkbox"/> Agent on behalf of and with the approval of the Owner	



5. THE PROJECT [if more than one project please list on a separate page]

DESCRIPTION OF THE BUILDING WORK: Provide enough information to enable scope of work to be fully understood, (e.g. adding ensuite to house)

.....
.....
Will the building work result in a change of use of the building? Yes No. If Yes, provide details of the new use of the building (e.g. home to hostel, implement shed to chemical storage, office to restaurant):

Intended life of the building if less than 50 years.....[Years]

List Building Consents previously issued for this project (if any): [List who issued the consent, the date of issue and the consent number]

Estimated value of the building work on which the building levy will be calculated (including goods and services tax):

\$..... [State estimated value as defined in section 7 of the Building Act 2004]

6. RESTRICTED BUILDING WORK: BUILDING PRACTITIONERS INVOLVED IN THIS PROJECTWill the building work include any restricted building work? Yes No. If yes, provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work:*[If these details are unknown at the time of the application, they MUST be supplied before the building work begins – name, licensing class and Licensed Building Practitioner's number (or registration number if treated as being licensed under 291 of the Act)]*

DESIGNER Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

ENGINEER Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

CARPENTER Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

ROOFER Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

EXTERNAL PLASTERER Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

BRICK / BLOCKLAYER Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

FOUNDATION SPECIALIST Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

PLUMBER Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

GASFITTER Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

Other LBP Name: Licence Class:

Registration / Licence No.:

Address:

Telephone: Fax: Mobile:

Email:

NOTE: Continue on another page if necessary

7. PROJECT INFORMATION MEMORANDUM The following matters are involved in the project:

[Tick the matters relevant to the project [do not fill in this section if the application is for a building consent only]]

- Subdivision
- Alterations to land contours [e.g. digging out the site for a building platform]
- New or altered connections to public utilities [e.g. Council sewer, storm water or water mains]
- New or altered locations and / or external dimensions of buildings.
- New or altered access for vehicles.
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater [e.g. are you altering domestic sewer or storm water drains]
- Building work over any existing drains or sewers or in close proximity to wells or water mains.
- Is the site contaminated?
- Will the building be sited on sloping ground, or near to a bank, a stream or a coastal zone?
- Other matters known to the applicant that may require authorisations from the Territorial Authority: [Please attach]

8. BUILDING CONSENT

The following plans and specifications are attached to this application: [Note: All plans and specifications must meet the minimum requirements set out in the regulations or required by the Building Consent Authority (BCA)]

Refer to documents indicated on the applicant checklist Other documents [Please specify]:

THE BUILDING WORK WILL COMPLY WITH THE BUILDING CODE AS FOLLOWS:

[If you're not sure which clauses are applicable, talk to your Designer]

Building Code clause [<input checked="" type="checkbox"/> Tick / list relevant clause of building code]	Means of Compliance [Refer to relevant compliance document(s) or detail of alternative solution in the plans and specifications]		Waiver / modification required [Supporting documents recorded below]
	Acceptable Solution [Specify]	Other Means of Compliance – Verification Method or Alternative Solution [If <input checked="" type="checkbox"/> Other, then list at the end of this section]	
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS3 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Other <input type="checkbox"/> NZS4229	<input type="checkbox"/> B1/VM1 <input type="checkbox"/> B1/VM4 <input type="checkbox"/> AS/NZS1170 <input type="checkbox"/> Other <input type="checkbox"/> SED	<input type="checkbox"/>
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1	<input type="checkbox"/> B2/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> C 1 – C6 Protection from Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> C/AS2	<input type="checkbox"/> C/VM1 <input type="checkbox"/> Other <input type="checkbox"/> C/VM2	<input type="checkbox"/>
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> D2 Mechanical installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS3500 <input type="checkbox"/> E1/AS2	<input type="checkbox"/> E1/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2 <input type="checkbox"/> E2/AS3	<input type="checkbox"/> E2/VM1 <input type="checkbox"/> Other <input type="checkbox"/> SED	<input type="checkbox"/>
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> E3/AS2	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1	<input type="checkbox"/> F1/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F3 Hazardous substances / processes	<input type="checkbox"/> F3/AS1	<input type="checkbox"/> F3/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F5 Construction / Demolition hazards	<input type="checkbox"/> F5/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F6 Lighting for emergency	<input type="checkbox"/> F6/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> F9 Restricting access to residential pools	<input type="checkbox"/> F9/AS1 <input type="checkbox"/> F9/AS2 <input type="checkbox"/> Schedule, FSA1987	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G3 Food preparation / Prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> NZS 4121	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1	<input type="checkbox"/> G4/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G6 Airborne and impact sound	<input type="checkbox"/> G6/AS1	<input type="checkbox"/> G6/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> G7/AS2	<input type="checkbox"/> G7/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>

Building Code clause	Acceptable Solution	Verification Method or Alternative Solution		Waiver / modification required
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> G8/VM1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> G9/VM1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> G10/VM1	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1	<input type="checkbox"/> Other		<input type="checkbox"/>
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS3	<input type="checkbox"/> G12/AS2	<input type="checkbox"/> G12/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> AS3500	<input type="checkbox"/> G13/AS2 <input type="checkbox"/> G13/AS3	<input type="checkbox"/> G13/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1		<input type="checkbox"/> G14/VM1 <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1		<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1	<input type="checkbox"/> H1/AS2	<input type="checkbox"/> H1/VM1 <input type="checkbox"/> H1/VM3	<input type="checkbox"/> H1/M2 <input type="checkbox"/> Other
Other	<input type="checkbox"/> BCH Back country huts <input type="checkbox"/> SH Simple House			<input type="checkbox"/>
Waiver / Modification required [List supporting documents]				
Alternative Solution [List supporting documents]				

9. COMPLIANCE SCHEDULE *[do not fill in this section if this is an application for a Project Information Memorandum only]*

The specified systems for the building are as follows: *[specified systems are defined in regulations]* **OR**
 The following specified systems are being altered, added to, or removed in the course of the building work: **OR**
 There are **NO** specified systems in the building *[Note: If unsure whether your building has specified systems, talk to the BCA or your architect]*

The following specified systems are being altered, added to, or removed in the course of the building work: <i>[Tick those that are applicable]</i>	Existing [✓ Tick]	New or Added [✓ Tick]	Altered [✓ Tick]	Removed [✓ Tick]
SS1 Automatic systems for fire suppression (e.g. sprinkler systems)				
SS2 Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and serves only that unit)				
SS3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation)				
SS3/1 Automatic doors				
SS3/2 Access controlled doors				
SS3/3 Interfaced fire or smoke doors or windows				
SS4 Emergency lighting systems				
SS5 Escape route pressurisation systems				
SS6 Riser mains for use by fire services				
SS7 Automatic back-flow preventers connected to a potable water supply				
SS8 Lifts, escalators, travellators, or other systems for moving people or goods within buildings				
SS8/1 Passenger carrying lifts				
SS8/2 Service lifts				
SS8/3 Escalators and moving walks (travellators)				
SS9 Mechanical ventilation or air conditioning systems				
SS9/1 Mechanical ventilation				
SS9/2 Air conditioning systems				
PLEASE CONTINUE SECTION 9 ON THE NEXT PAGE				

The following specified systems are being altered, added to, or removed in the course of the building work: [Tick those that are applicable]	Existing [✓ Tick]	New or Added [✓ Tick]	Altered [✓ Tick]	Removed [✓ Tick]
SS10 Building maintenance units providing access to exterior and interior walls of buildings				
SS11 Laboratory fume cupboards				
SS12 Audio loops or other assistive listening systems				
SS12/1 Audio loops				
SS12/2 FM radio frequency systems and infrared beam transmission systems				
SS13 Smoke control systems				
SS13/1 Mechanical smoke control				
SS13/2 Natural smoke control				
SS13/3 Smoke curtains				
SS14 Emergency power systems for, or signs relating to, a system or feature specified in any of clauses 1 to 13				
SS14/1 Emergency power systems				
SS14/2 Signs in relation to any specified systems 1-13				
SS15 Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1 to 6, 9, and 13:				
SS15/1 Systems for communicating spoken information intended to facilitate evacuation				
SS15/2 Final exits				
SS15/3 Fire separations (as defined by the Building Code)				
SS15/4 Signs for communicating information intended to facilitate evacuation				
SS15/5 Smoke separations				
SS16 Cable Cars				

10. ATTACHMENTS [Note: all plans and specifications must meet the minimum requirements set out in the regulations or required by the BCA]

The following documents are attached to this application: [Tick as applicable or put NA if there are no attachments]

Plans and specifications [list]
.....

Alternative plans and specification *[if the applicant wants to obtain pre-approval for possible product substitutions, list]*
.....

Current product certificate(s).

Alternative product certificate(s) *[if the applicant wants to obtain pre-approval for possible product substitutions]*

Current manufacturer's certificate(s) referred to in [section 45\(1\)\(bb\)](#) of the Act

Current manufacturer's certificate(s) referred to in [section 45\(1\)\(bc\)](#) of the Act

Memoranda (Certificate of Design Work) from licensed building practitioners who carried out or supervised any design work that is restricted building work.

Project Information Memorandum.

Development contribution notice.

Certificate attached to project information memorandum.

Other relevant information: [Please specify]:

DOCUMENT CHECK: PLEASE CHECK THAT YOU HAVE PROVIDED ALL THE REQUIRED INFORMATION

OFFICE USE ONLY FEES PAYABLE:	AMOUNT (\$)	BC Number:
PIM		REFERRALS:
Building Consent	- Application fee - Approval fee - Inspection fee - Mileage	Structural consultant: Name: _____ Sent: _____ Returned: _____
Code Compliance Certificate		Structural consultant: Name: _____ Sent: _____ Returned: _____
BRANZ levy		Other consultant: Name: _____ Sent: _____ Returned: _____
MBIE levy		Other consultant: Name: _____ Sent: _____ Returned: _____
Photocopying		NZ Fire Service: Name: _____ Sent: _____ Returned: _____
Microfilm (A3 / A4) / Scanning		Historic Places Trust: (Notification) Date advised: _____
Record of Title		ADDITIONAL NOTES AND / OR FEES: _____
Street crossing administration		AUTHORIZATIONS:
Structural check		Planning Officer: _____ Date: _____
Amendments to consent		Building Officer: _____ Date: _____
External consultant 1		Engineer: _____ Date: _____
External consultant 2		CHECKED BY: Officer: _____ Date: _____
Fire and Emergency NZ check		ISSUED BY: Officer: _____ Date: _____
Planning Bond / Resource Consent		Receipt No.: _____
Planning Bond / Resource Consent		Receipt No.: _____
Rural connection		Receipt No.: _____
Fire main		
Water connection		
Water disconnection		
Wastewater / sewerage connection		
Wastewater disconnection		
Backflow inspection		
Stormwater connection - mains		
Stormwater connection - kerb & channel		
Stormwater disconnection		
CCTV survey wastewater		
CCTV survey stormwater		
Cellar indemnity		
Council bonds		
Compliance schedule		
Development Contributions: Water.....		
Stormwater.....Wastewater.....		
Transport / Roading.....		
Community infrastructure.....		
BCA accreditation		
Total fees (incl. GST)		
Deposit paid – Date:		
Remainder fees due:		

