

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: Legal description of land where building is located: Lot(s) DP/S..... Building name: Location of building within site / block number: [include nearest street access] Number of levels: [above & below ground] Level / Unit Number: 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]	OFFICE ONLY: Date received: Consent / PIM No.: Document or Parcel No.: Valuation No.:
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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:
 Facsimile number:
 Email address:
 Website:

THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED TO THIS APPLICATION:

- ☐ Record of Title ☐ Lease Agreement
☐ Agreement for Sale and Purchase ☐ Other document:

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

Name of Agent / Company:
 Contact person [If the
 Agent is NOT an individual]:
 Mailing address:

 Street address / registered office:

 Phone Number:
 Landline:
 Mobile:
 Daytime:
 After hours:
 Facsimile number:
 Email address:
 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:

- ☐ Owner ☐ Agent
☐ Full name & contact details supplied.
INVOICE TO: ☐ Owner ☐ Agent

4. APPLICATION [Tick if applicable]

I request that you issue: <input type="checkbox"/> A Project Information Memorandum (PIM) <input type="checkbox"/> A Building Consent [The existing PIM No. : (If applicable)] <input type="checkbox"/> An Amendment to an existing Building Consent for the building work described in this application. [Existing BC No] 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	PLEASE COMPLETE THE FOLLOWING SECTIONS COMPLETE SECTIONS: 5, 7 COMPLETE SECTIONS: 5, 6, 8, 9, 10 COMPLETE SECTIONS: 5, 6, 8, 9, 10
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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 PROJECT

Will 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/AS2 <input type="checkbox"/> G12/AS3	<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"/> G13/AS2 <input type="checkbox"/> AS3500 <input type="checkbox"/> G13/AS3	<input type="checkbox"/> G13/VM1 <input type="checkbox"/> G13/VM4 <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/VM2 <input type="checkbox"/> H1/VM3 <input type="checkbox"/> Other	<input type="checkbox"/>
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: [Tick those that are applicable]	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, travellers, 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 (travellers)				
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		
Structural check		
Amendments to consent		
External consultant 1		
External consultant 2		
Fire and Emergency NZ check		
Planning Bond / Resource Consent		
Planning Bond / Resource Consent		
Rural connection		
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 / Roding..... Community infrastructure.....		AUTHORIZATIONS:
BCA accreditation		Planning Officer: Date:
Total fees (incl. GST)		Building Officer: Date:
Deposit paid – Date:		Engineer: Date:
Remainder fees due:		CHECKED BY: Officer: Date:
		ISSUED BY: Officer: Date:
		Receipt No.:
		Receipt No.:
		Receipt No.:

