



# FORM 2



**GISBORNE**  
DISTRICT COUNCIL  
Fitzherbert Street, PO Box 747, Gisborne  
Ph (06) 867 2049 Fx (06) 867 8076

## APPLICATION FOR PROJECT INFORMATION MEMORANDUM and/or BUILDING CONSENT

Section 33 or section 45, Building Act 2004

SECTION 1

### THE BUILDING [Project Location]

**Street address/rapid number of building:** [for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection]

\_\_\_\_\_  
\_\_\_\_\_

**Legal description of land where building is located:** [state legal description as at the date of application and, if subdivision is proposed include details of relevant lot numbers and subdivision consent]

Lot: \_\_\_\_\_ DP: \_\_\_\_\_ Sec No: \_\_\_\_\_

Blk No: \_\_\_\_\_ Val No: \_\_\_\_\_

ML No: \_\_\_\_\_ Blk name & No: \_\_\_\_\_

**Building name:** [if applicable]  
\_\_\_\_\_

**Location of building within site:** [include nearest street access]  
\_\_\_\_\_

**Number of levels:** [include ground level and any levels below ground]

**Level/Unit number:** [if applicable]

**Area:**  
Existing floor area: \_\_\_\_\_  
New floor area: \_\_\_\_\_  
Total floor area: \_\_\_\_\_

**Current, lawfully established, use:** [include number of occupants per level and per use if more than one level]  
\_\_\_\_\_

**Year first constructed:** [approximate date is acceptable e.g.: c1920's or 1960-1970]

SECTION 2

### OWNER [must be completed for all applications and all details must be the owners]

**Name of owner:** [include preferred form of title, e.g. Mr, Miss, Dr if an individual and the contact persons name if a company, trust of similar]

**Owner's mailing address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Street address/Registered office:**  
\_\_\_\_\_  
\_\_\_\_\_

**Owner's contact details:**  
Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
After hours: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Evidence of ownership:** [please attach one of the following, as appropriate to the circumstances, showing full name of legal owner(s) of the building/land]  
 Copy of certificate of title, no more than one month old     Agreement for sale and purchase     Lease     Other \_\_\_\_\_  
**OR\***     \*Council to obtain certificate of title (cost as per Council fee schedule)

**COUNCIL USE ONLY:**  
Building Consent No.: \_\_\_\_\_ Property ID: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_    **Category**  
\_\_\_\_\_

The following Councils have developed this form in partnership:



**AGENT** [only required if application is being made on behalf of the owner]

**Owners authorisation to act as agent:** [to be signed in lieu of authorisation letter] or, alternatively:  authorisation letter attached

I, \_\_\_\_\_ as owner of the above property, authorise \_\_\_\_\_

to act as my agent.

Signature: [of building owner(s)] \_\_\_\_\_ Date: \_\_\_\_\_

**Name of agent:** [include the contact persons name if a company, trust of similar]

**Agent's mailing address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Street address/Registered office:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agent's contact details:**

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Relationship to owner:** [state details and provide written authorisation from the owner to make the application on the owner's behalf]

**THE PROJECT**

**Description of the building work:** [provide sufficient description of building work to enable scope of work to be fully understood]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 levy will be calculated (including goods and services tax):** [state estimated value as defined in section 7 of the Building Act 2004]

\_\_\_\_\_

\$

**Will the building work result in a change of use of the building?**

Yes

No

**If yes, provide details of the new use:**

\_\_\_\_\_

**Intended life of the building if less than 50 years:**

\_\_\_\_\_

**Type of application:** I request that you issue a:

- Building Consent
- PIM (Project Information Memorandum) only
- Building Consent and PIM (Project Information Memorandum)
- Building Consent Only in accordance with existing PIM (Project Information Memorandum) [please complete details below]

Project Information Memorandum was applied for on \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Information Memorandum Number: \_\_\_\_\_ was issued on \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROJECT INFORMATION**

The following matters are involved in the project:

- Subdivision
- New or altered connections to public utilities
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Other matters known to the applicant that may require authorisations from the territorial authority [specify]: \_\_\_\_\_
- Alterations to land contours
- Disposal of storm water and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Building work over or adjacent to any road or public place

SECTION 3

SECTION 4

SECTION 5

## BUILDING CODE COMPLIANCE

(Not required for PIM only applications)

**Producer Statements:** It is intended that the following Producer Statement(s) will be relied upon to certify or verify compliance of the plans, specifications or completed works with the Building Code. **Note:** Applications including a PS 1 or PS 2 must be supplied with a copy of any design calculations

- PS 1 (Design)                     
  PS 2 (Design Review)                     
  PS 3 (Construction)                     
  PS 4 (Construction Review)

The building work will comply with the building code as follows: (to be completed by the designer)

Clause	Identify which clauses will be involved in the building work	Means of compliance Refer to relevant compliance document(s) or detail of alternative solution in the plans and specifications. Tick N/A if not applicable. If "Other" please specify.
B1	Structure	<input type="checkbox"/> N/A <input type="checkbox"/> B1/AS2/AS1 <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4229 <input type="checkbox"/> NZS1170 <input type="checkbox"/> Other:
B2	Durability	<input type="checkbox"/> N/A <input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS3604 <input type="checkbox"/> Other:
C1-4	Fire	<input type="checkbox"/> N/A <input type="checkbox"/> C1/AS1 <input type="checkbox"/> Other:
D1	Access routes	<input type="checkbox"/> N/A <input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS4121 <input type="checkbox"/> Other:
D2	Mechanical installations for access	<input type="checkbox"/> N/A <input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115 <input type="checkbox"/> Other:
E1	Surface water	<input type="checkbox"/> N/A <input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZS3500.3 <input type="checkbox"/> Other:
E2	External moisture	<input type="checkbox"/> N/A <input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design and testing
E3	Internal moisture	<input type="checkbox"/> N/A <input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other:
F1	Hazardous agents on site	<input type="checkbox"/> N/A <input type="checkbox"/> F1/AS1 <input type="checkbox"/> Other:
F2	Hazardous building materials	<input type="checkbox"/> N/A <input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS4223 <input type="checkbox"/> Other:
F3	Hazardous substances etc	<input type="checkbox"/> N/A <input type="checkbox"/> F3/AS1 <input type="checkbox"/> Other:
F4	Safety from falling	<input type="checkbox"/> N/A <input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Other:
F5	Construction & demolition hazards	<input type="checkbox"/> N/A <input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other:
F6	Lighting for emergency	<input type="checkbox"/> N/A <input type="checkbox"/> F6/AS1 <input type="checkbox"/> Other:
F7	Warning systems	<input type="checkbox"/> N/A <input type="checkbox"/> F7/AS1 <input type="checkbox"/> AS/NZS1668 <input type="checkbox"/> NZS4512 <input type="checkbox"/> NZS4515 <input type="checkbox"/> Other:
F8	Signs	<input type="checkbox"/> N/A <input type="checkbox"/> F8/AS1 <input type="checkbox"/> Other:
G1	Personal hygiene	<input type="checkbox"/> N/A <input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other:
G2	Laundering	<input type="checkbox"/> N/A <input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other:
G3	Food preparation etc	<input type="checkbox"/> N/A <input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other:
G4	Ventilation	<input type="checkbox"/> N/A <input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Other:
G5	Interior environment	<input type="checkbox"/> N/A <input type="checkbox"/> G5/AS1 <input type="checkbox"/> Other:
G6	Airborne and impact sound	<input type="checkbox"/> N/A <input type="checkbox"/> G6/AS1 <input type="checkbox"/> Other:
G7	Natural light	<input type="checkbox"/> N/A <input type="checkbox"/> G7/AS1 <input type="checkbox"/> Other:
G8	Artificial light	<input type="checkbox"/> N/A <input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS6703 <input type="checkbox"/> Other:
G9	Electricity	<input type="checkbox"/> N/A <input type="checkbox"/> G9/AS1 <input type="checkbox"/> Other:
G10	Piped services	<input type="checkbox"/> N/A <input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS5261 <input type="checkbox"/> Other:
G11	Gas as an energy source	<input type="checkbox"/> N/A <input type="checkbox"/> G11/AS1 <input type="checkbox"/> Other:
G12	Water supplies	<input type="checkbox"/> N/A <input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.1 <input type="checkbox"/> AS/NZ3500.4 <input type="checkbox"/> Other:
G13	Foul water	<input type="checkbox"/> N/A <input type="checkbox"/> G13/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> BS5572 <input type="checkbox"/> Other:
G14	Industrial liquid waste	<input type="checkbox"/> N/A <input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other:
G15	Solid waste	<input type="checkbox"/> N/A <input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other:
H1	Energy	<input type="checkbox"/> N/A <input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS4214 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> Other:
SH	Simple House	<input type="checkbox"/> N/A <input type="checkbox"/> SH/AS1

**Waiver/modification/alternative solution to NZ Building Code required for following parts of code:**

[State nature of waiver or modification of building code required]

## COMPLIANCE SCHEDULE DETAILS

(Not required for PIM only applications)

[Specified systems are defined in regulations; if you are not sure whether your building has specified systems, talk to the BCA or your architect]

- The specified systems for the building are as follows: [complete table below]
- The following specified systems are being altered, added to, or removed in the course of the building work: [complete table below]
- No compliance schedule is required. There are no specified systems in the building

**If there is a specified system(s), please select which of these are contained in the building:**

Existing	New/Altered		Existing	New/Altered	
<input type="checkbox"/>	<input type="checkbox"/>	1 Automatic systems for fire suppression e.g. sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	12 Audio loops or other assistive listening systems
<input type="checkbox"/>	<input type="checkbox"/>	2 Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	12/1 Audio Loops
<input type="checkbox"/>	<input type="checkbox"/>	3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	12/2 FM systems & infrared beam transmission systems
<input type="checkbox"/>	<input type="checkbox"/>	3/1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	13 Smoke control systems
<input type="checkbox"/>	<input type="checkbox"/>	3/2 Access controlled doors	<input type="checkbox"/>	<input type="checkbox"/>	13/1 Mechanical smoke control
<input type="checkbox"/>	<input type="checkbox"/>	3/3 Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	13/2 Natural smoke control
<input type="checkbox"/>	<input type="checkbox"/>	4 Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	13/3 Smoke curtains
<input type="checkbox"/>	<input type="checkbox"/>	5 Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	14 Emergency power systems for, or signs relating to a system or feature specified in clauses 1 to 13
<input type="checkbox"/>	<input type="checkbox"/>	6 Riser mains for use by fire service	<input type="checkbox"/>	<input type="checkbox"/>	14/1 Emergency power systems relating to system in clauses 1-13
<input type="checkbox"/>	<input type="checkbox"/>	7 Any automatic backflow preventer connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	14/2 Signs relating to a system specified in clauses 1-13
<input type="checkbox"/>	<input type="checkbox"/>	8 Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	15 Any of the following systems, that form part of a building's means of escape and so long as those means also contain any or all of the systems or features specified in 1-6, 9 & 13:
<input type="checkbox"/>	<input type="checkbox"/>	8/1 Passenger carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	15/1 Systems to communicate spoken info to facilitate evacuation
<input type="checkbox"/>	<input type="checkbox"/>	8/2 Service lifts	<input type="checkbox"/>	<input type="checkbox"/>	15/2 Final exits
<input type="checkbox"/>	<input type="checkbox"/>	8/3 Escalators & moving walkways	<input type="checkbox"/>	<input type="checkbox"/>	15/3 Fire separations
<input type="checkbox"/>	<input type="checkbox"/>	9 Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	15/4 Signs for communicating information to facilitate evacuation
<input type="checkbox"/>	<input type="checkbox"/>	10 Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	15/5 Smoke separations
<input type="checkbox"/>	<input type="checkbox"/>	11 Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	99 Cable Cars (including to residential dwelling)

SECTION 7

## ATTACHMENTS

The following plans and specifications are attached to this application:

[All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority. Please refer to the schedule included with this form for complete details of plans, specifications and documents which may be required to support your application]

- |   |  |
|---|--|
| <input type="checkbox"/> Project Information Memorandum                         | <input type="checkbox"/> Evidence of ownership                               |
| <input type="checkbox"/> Certificate attached to Project Information Memorandum | <input type="checkbox"/> Plans and Specifications [as listed in the attached |
| <input type="checkbox"/> Development Contribution Notice                        |  |

SECTION 8

## GENERAL

**Debtor:** [the person responsible for the account]

Owner    Agent    Other:                      Address:    Phone:

**First point of contact:** [for communications with Council]

Owner    Agent    Other:                      Address:    Phone:

**Signed by the owner:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

OR

**Signed by the agent:** [on behalf of, and with authority from, the owner]

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

SECTION 9

**Privacy Information:**

The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to regularly forward these to Statistics NZ. The Council stores the information on a public register which must be supplied (as previously determined by the Ombudsman) to whosoever requests the information. Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

# APPLICATION CHECKLIST for Building Consent and/or Project Information Memorandum

PLEASE NOTE: Council has right to refuse incomplete applications. Please allow 20 working days for processing, however if all required information is not supplied you may experience additional delays in obtaining your consent.

## Office use

Handling Officer:	Property ID:
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The APPLICANT/AGENT **must** complete the following section/s

<b>PROJECT SUMMARY:</b>		
Address:		
Project Description:		
Intended use of building [describe use]:		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residential ▪ dwelling, office, games room, sleepout	<input type="checkbox"/> Domestic Casual use (non habitable – not used for sleeping & or living) ▪ lined shed, shed with toilet & shower, workshop/art studio

<b>INSTRUCTIONS:</b>		
COMPLETE THE LISTED SECTIONS FOR YOUR PROJECT		
<input type="checkbox"/>	Dwelling:	Complete the following sections: 1, 3 – 11, 13 & 14
<input type="checkbox"/>	Solid Fuel Heater:	Complete the following sections: 1, 5 & 14
<input type="checkbox"/>	Commercial / Industrial:	Complete the following sections: 1 – 14
<input type="checkbox"/>	Multi-unit Residential:	Complete the following sections: 1 – 14
<input type="checkbox"/>	Alterations / additions to Commercial / Industrial:	Complete the following sections: 1 – 14
<input type="checkbox"/>	Auxiliary Building (garage/farm shed)	Complete the following sections: 1, 3 – 11, 13 & 14
<input type="checkbox"/>	Dwelling Addition:	Complete the following sections: 1 – 11, 13 & 14
<input type="checkbox"/>	Demolition:	Complete the following sections: 1 – 3 & 14
<input type="checkbox"/>	Relocation:	Complete the following sections: 1, 3 - 14 (as applicable)
<input type="checkbox"/>	Amendment: to application (No. _____ )	Complete the following sections: 1 -14 (as applicable)
<input type="checkbox"/>	Change of Use:	Complete the following sections: 1, 3, 5 ,7 & 10 - 14
<input type="checkbox"/>	PIM only application:	Complete the following sections: 1, 3, 5-6

<b>SECTION 1: GENERAL</b>											
COMPLETE FOR ALL APPLICATIONS											
Building consent application form: Completed and signed by the owner or by an agent on behalf of and with written authority from the owner.							Yes	No	N/A		
Two copies of all plans. The plans <b>must</b> be:											
Drawn clearly to scale (ruled, not sketched)			Yes	No	N/A	Clear and concise copies (*not reduced in size)			Yes	No	N/A
On plain white, preferably A3* paper			Yes	No	N/A	Include the designers name			Yes	No	N/A
Drawn in ink (not pencil)			Yes	No	N/A	Engineering details must be draughted			Yes	No	N/A
Locality plan (1:500): Showing physical location of building in relation to street, north point, legal description and significant landmarks.							Yes	No	N/A		
Inspection & monitoring: Details of proposed inspection regime by design professionals, eg. architects, engineers, surveyors.							Yes	No	N/A		
Application fee: Applications will not be accepted without payment of the appropriate fee/deposit (see page 4 for details).							Yes	No	N/A		
Proof of ownership: Certificate of title, no older than 1 month, sale & purchase agreement or copy of relevant portions of lease.							Yes	No	N/A		
Inspection access: Provide any special requirements regarding access to the site.							Yes	No	N/A		

This checklist and the Application for Building Consent (Form 2) have been developed in partnership and can be used at any of the following councils, however your **application must** be lodged with the council that administers the area local to your building project.

[Hastings District Council: 207 Lyndon Road East, Private Bag 9002, Hastings. Ph \(06\) 878 0500, Fax \(06\) 878 0515](#)

[Gisborne District Council: Fitzherbert Street. PO Box 747, Gisborne. Ph \(06\) 867 2049, Fax \(06\) 867 8076](#)

[Wairoa District Council: Queen Street, PO Box 54, Wairoa, Hawkes Bay. Ph \(06\) 838 7309, Fax \(06\) 838 8874](#)

[Central Hawkes Bay District Council: 28-32 Ruataniwha Street, PO Box 127, Waipawa. Ph \(06\) 857 8060, Fax \(06\) 857 7179](#)

The following Councils have developed and adopted this form in partnership:



<b>SECTION 2: DEMOLITION / REMOVAL</b>			
COMPLETE FOR ALL PROJECTS INVOLVING DEMOLITION OF SIGNIFICANT PARTS OF BUILDINGS OR DEMOLITION OR REMOVAL OF WHOLE BUILDINGS			
Proposed destination for relocated building	Yes	No	N/A
Access to & from site (including use of kerb & crossings)	Yes	No	N/A
Specify termination of existing Council services (water, sewer, stormwater)	Yes	No	N/A
Details about the building: No. of storeys, type of materials, photographs of all elevations	Yes	No	N/A
NOTE: You will need to contact the relevant service authorities listed to advise them of the extent of your work: Electricity, gas, drainage, water, transport, telecommunications or other services that may be affected.			
NOTE: Transportation of relocated building: You will be required to contact & provide details to Councils roading department. Payment of a street damage deposit may be required.			

<b>SECTION 3: SITE PLAN (1:200) (or 1:500 for rural areas)</b>							
COMPLETE FOR ALL NEW BUILDINGS, FOR EXISTING BUILDINGS WHERE THE FOOTPRINT OF THE BUILDING WILL CHANGE OR A NEW STOREY IS BEING ADDED							
Public drainage (easements)	Yes	No	N/A	Distances to boundaries	Yes	No	N/A
Existing and proposed buildings	Yes	No	N/A	North point	Yes	No	N/A
Retaining walls	Yes	No	N/A	Site & hardstand drainage	Yes	No	N/A
Site coverage / building footprint	Yes	No	N/A	Datum, spot heights, ground contours	Yes	No	N/A
Septic tank & effluent fields	Yes	No	N/A	Water courses	Yes	No	N/A
Parking & vehicle access, paved areas and driveways	Yes	No	N/A	Service connections	Yes	No	N/A
Site area and boundary dimensions	Yes	No	N/A	Street name & house number	Yes	No	N/A

<b>SECTION 4: FOUNDATION PLAN (1:100)</b>							
COMPLETE FOR ALL NEW BUILDINGS, FOR EXISTING BUILDINGS WHERE THE FOOTPRINT OF THE BUILDING WILL CHANGE OR A NEW STOREY IS BEING ADDED							
<b>Timber Floor</b>	<input type="checkbox"/>			<b>Concrete Floor</b>	<input type="checkbox"/>		
Pile layout & footing sizes (including bearers)	Yes	No	N/A	Footing location	Yes	No	N/A
Joists layout & lateral support (for each level)	Yes	No	N/A	Load bearing thickenings	Yes	No	N/A
Floor heights (spot heights)	Yes	No	N/A	Floor level changes	Yes	No	N/A
Foundation bracing layout and calculations	Yes	No	N/A	Shrinkage control	Yes	No	N/A
Subfloor access	Yes	No	N/A	Slab dimensions (show vapour barrier)	Yes	No	N/A
Concrete ring foundation details	Yes	No	N/A	Rebate (bricks / panels)	Yes	No	N/A
Dimensions of all new foundations	Yes	No	N/A	Plumbing fixtures / subfloor pipework	Yes	No	N/A

<b>SECTION 5: FLOOR PLAN (1:100)</b>							
COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES							
Plan of all levels (new or altered)	Yes	No	N/A	All rooms designated	Yes	No	N/A
All demolition or structure removal	Yes	No	N/A	Framing layout (fully dimensioned)	Yes	No	N/A
Door size & position	Yes	No	N/A	Window size & position	Yes	No	N/A
Sanitary fixtures (WC, bath, shower, basins)	Yes	No	N/A	Kitchen layout	Yes	No	N/A
Lintel & beam sizes	Yes	No	N/A	Solid fuel or gas heater & installation specification	Yes	No	N/A
Stairs & balusters	Yes	No	N/A	Decks & balconies	Yes	No	N/A
Skylight positions	Yes	No	N/A	Ceiling access	Yes	No	N/A
HWC	Yes	No	N/A	Smoke detectors (location)	Yes	No	N/A

<b>SECTION 6: EXTERNAL (1:100/1:50)</b>							
COMPLETE FOR NEW BUILDINGS OR ALTERATIONS TO THE EXTERNAL ENVELOPE							
Elevation of each face	Yes	No	N/A	Fixed & opening sashes	Yes	No	N/A
Accurate lines from boundary to boundary	Yes	No	N/A	Sill heights	Yes	No	N/A
District Plan daylight control planes	Yes	No	N/A	Cladding nominated on each face	Yes	No	N/A
Control joints (if required for cladding)	Yes	No	N/A	Ground levels in relation to floor levels	Yes	No	N/A
All doors & window openings	Yes	No	N/A	Sub floor ventilation	Yes	No	N/A

<b>E2 Risk Matrix (1 per face, multi storeys &amp; multisided buildings require a Risk Matrix for each face)</b>															
North 1	Yes	No	N/A	South 1	Yes	No	N/A	East 1	Yes	No	N/A	West 1	Yes	No	N/A
North 2	Yes	No	N/A	South 2	Yes	No	N/A	East 2	Yes	No	N/A	West 2	Yes	No	N/A
North 3	Yes	No	N/A	South 3	Yes	No	N/A	East 3	Yes	No	N/A	West 3	Yes	No	N/A
North 4	Yes	No	N/A	South 4	Yes	No	N/A	East 4	Yes	No	N/A	West 4	Yes	No	N/A

<b>SECTION 7: CROSS SECTIONS &amp; DETAILS (1:100)</b>							
COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES							
Foundation detail (all reinforcing & depth of footing)	Yes	No	N/A	Flashing systems to all openings, windows, doors, etc.	Yes	No	N/A
Stud heights (include overall heights from ground to apex)	Yes	No	N/A	Flashing tapes & air seals	Yes	No	N/A
Longitudinal and cross sections supplied	Yes	No	N/A	Finished ground levels in relation to floor levels	Yes	No	N/A
Identify timber treatments & grading	Yes	No	N/A	Cladding clearances to ground level or paving	Yes	No	N/A
Insulation systems & materials to floor, walls & ceiling	Yes	No	N/A	Stairs, handrails, decks	Yes	No	N/A
Roof cladding, eaves, fascias, gutters	Yes	No	N/A	Barriers providing safety from falling	Yes	No	N/A
Internal gutters, roof wall junctions	Yes	No	N/A	Framing sizes, beams, lintels, trusses incl. fixing details	Yes	No	N/A
Top plate strengthening where required	Yes	No	N/A	Fire rating systems to walls closer than 1m to boundary	Yes	No	N/A
Ceiling construction (battens, top plate)	Yes	No	N/A	Purlins, size, spacing, fixings	Yes	No	N/A
Exterior cladding details (including veneers)	Yes	No	N/A	Detail all junctions into cladding systems	Yes	No	N/A

<b>SECTION 8: BRACING PLAN (1:100/1:50)</b>							
COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES							
Location, type & number of bracing element	Yes	No	N/A	Bracing schedule & calculations (included in specification)	Yes	No	N/A
Indicate compliance with NZS3604 (latest version)	Yes	No	N/A	If specifically design include engineers calculations	Yes	No	N/A

<b>SECTION 9: ROOF FRAMING</b>							
Truss layout	Yes	No	N/A	Rafter / Framing layout	Yes	No	N/A
Design certificate & fixing details	Yes	No	N/A	Rafter sizes, spans, fixings	Yes	No	N/A

<b>SECTION 10: SERVICES – PLUMBING &amp; DRAINAGE</b>							
COMPLETE FOR ALL PROJECTS WITH NEW INSTALLATION OR ALTERATION OF PLUMBING OR DRAINAGE SYSTEMS.							
Plumbing design standard (A/NZS 3500 / G12)	Yes	No	N/A	Drainage layout & design standard (A/NZS3500 / G13)	Yes	No	N/A
Plumbing reticulation system of hot & cold supply	Yes	No	N/A	All inspection bends & junctions	Yes	No	N/A
Hot water cylinder valve system diagrammatic	Yes	No	N/A	Sewer & Stormwater pipe sizes & falls	Yes	No	N/A
Hot water cylinder access	Yes	No	N/A	Calcs. for sizing & position of downpipes & internal gutters	Yes	No	N/A
Wastepipe sizes & falls	Yes	No	N/A	Council connection points	Yes	No	N/A
Isometric diagram for multi-level buildings	Yes	No	N/A	Septic tank & effluent disposal system incl. calculations	Yes	No	N/A
Water supply analysis (bore / spring)	Yes	No	N/A	HBRC resource consent for effluent disposal	Yes	No	N/A

<b>SECTION 11: SPECIFICATIONS</b>							
COMPLETE FOR ALL NEW STRUCTURES OR ALTERATIONS TO EXISTING STRUCTURES							
Are required to be project specific	Yes	No	N/A	Details of all materials & fittings required for the project	Yes	No	N/A
To be divided into relevant trade sections	Yes	No	N/A	Identify compliance with the NZ Building Code	Yes	No	N/A
Sea spray requirements	Yes	No	N/A	Safety glazing requirements	Yes	No	N/A
Specific design calculations & details	Yes	No	N/A	List all Alternative Solutions	Yes	No	N/A
Structural calculations & producer statements	Yes	No	N/A	Alternative solutions calculations / producer statements	Yes	No	N/A
Fire safety systems	Yes	No	N/A				

<b>SECTION 12: ADDITIONAL SPECIFICATIONS &amp; REQUIREMENTS</b>							
COMPLETE FOR ALL COMMERCIAL / INDUSTRIAL AND MULTI-UNIT RESIDENTIAL PROJECTS							
Fire safety report & associated plans	Yes	No	N/A	<b>Access and facilities for people with disabilities</b>			
Air conditioning system design	Yes	No	N/A	Accessible : Car park	Yes	No	N/A
Sprinkler system design	Yes	No	N/A	Toilet / shower compartment	Yes	No	N/A
Lift design	Yes	No	N/A	Lift / stairs, ramps & hand rails	Yes	No	N/A
				Accommodation room space / counter	Yes	No	N/A
				Outdoor public areas	Yes	No	N/A

<b>SECTION 13: ADDITIONAL INFORMATION</b>							
Discussed application with councils planning staff	Yes	No	N/A	Work in road reserve/street crossing application filed	Yes	No	N/A
Resource consent has been applied for (No. _____ )	Yes	No	N/A	New RAPID/street number required	Yes	No	N/A
Trade waste consent required	Yes	No	N/A	Service connection required: Water	Yes	No	N/A
Penetrometer/Ground test reports supplied	Yes	No	N/A	Stormwater	Yes	No	N/A
Geotech report supplied	Yes	No	N/A	Sewer	Yes	No	N/A

**SECTION 14: DETAILS FOR ALL PERSONNEL WHO WILL CARRY OUT THE WORK**  
 COMPLETE FOR ALL PROJECTS OTHER THAN "PROJECT INFORMATION MEMORANDUM ONLY" APPLICATIONS

<b>Designer:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	<b>Builder:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____
<b>Cladding Installer:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	<b>Roofer:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____
<b>Electrician:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	<b>Gasfitter:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____
<b>Plumber:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	<b>Drainlayer:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____
<b>Fireplace Installer:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	<b>Other:</b> Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____

**GISBORNE DISTRICT COUNCIL FEES / DEPOSITS**

The section below contains fees and details specific to the [GISBORNE DISTRICT COUNCIL](#). If your building project lies within one of the other cluster group regions listed on the front of this application, please contact that council for details specific to that area.

**ALL APPLICATIONS:** A deposit / fee of \$ \_\_\_\_\_ ( must be receipted prior to lodgement ). *Please note this is a new requirement as at 1 July 2010*

On completion, where the deposit does not cover costs an invoice will be sent to the owner/agent. Estimated inspection charges, levies and processing costs, including costs incurred through engagement of external expertise will be invoiced. The invoice must be paid and the consent uplifted **within 30 days** of approval or your consent may be cancelled. Processing costs will be recovered for all cancelled applications. Additional costs for amendments and extra inspections will be invoiced separately, prior to the issue of your code compliance certificate.

**FOOTPATH/ STREET DAMAGE DEPOSIT:** If this application is for a new building, a relocation, or substantial renovation you may be required to pay a footpath/street damage deposit of \$1,000. Relocations will also attract an additional \$600.00 as a road sign damage deposit. Commercial buildings in the CBD will be charged \$300 per linear meter street frontage. Where relevant, the deposit will be invoiced with your building consent. A \$50.00 administration fee will always be deducted from your refund along with any repair costs.

**PROGRAMMING SHEET: FOR OFFICE USE ONLY**

ORDER / OFFICER	OFFICERS NAME	DATE RECEIVED	DATE COMPLETE	INITIALS	✓ = Approved ✗ = Cancelled
Received by					
Programmed by					
Planning					
D/Contribution Officer					
Water Conservation					
Flood Height Officer					
Soil Conservation					
Fire Safety Officer					
Environmental Health					
Urban Services					
Draughting					
C/Schedule Officer					
Building Control Officer				<input type="checkbox"/>	
Issuing Officer					