



APPLICATION FOR, OR AMENDMENT TO, COMPLIANCE SCHEDULE

Form 11 - Section 106, Building Act 2004



Schedule No.: CSH _____

File No. _____

PLEASE USE A BLACK PEN TO COMPLETE THIS FORM

BUILDING LOCATION

Rapid#/Street No.: _____ Road/Street: _____

Legal Description: Lot No _____ D.P. No _____ Val No _____ Sec No _____ Blk No _____
of land where building is located [state legal description as at the date of application]

Blk name & No _____ ML No _____

If the land is proposed to be subdivided _____
Include details of relevant lot no and subdivision consent

Building Name: _____ Location Of Building: _____
(If applicable) (If applicable) within site/block number [include nearest street access]

Level/Unit Number: _____ Current, Lawfully Established, Use: _____
[include number of occupants per level and per use if more than 1]

SECTION 1

DETAILS OF OWNER

Agent contact must be NZ address **AGENT** (if application is being made on behalf of owner)

Title: (*) Mr / Mrs / Miss / Ms (other _____)

Title: (*) Mr / Mrs / Miss / Ms (other _____)

Surname: _____

Surname: _____

First Name(s): _____

First Name(s): _____

Contact Person (If not as above) _____

Contact Person (If not as above) _____

Mailing Address: _____

Mailing Address: _____

Street Address/Registered Office: _____

Street Address/Registered Office: _____

Phone No: (Ah) _____ (Bh) _____

Phone No: (Ah) _____ (Bh) _____

Mobile No: _____ Fax : _____

Mobile No: _____ Fax : _____

Email Address: _____

Email Address _____

Website (if applicable): _____

Website (if applicable): _____

THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED TO THIS APPLICATION:
Copy of certificate of title, lease, agreement for sale and purchase, occupation order, or other document showing full name of legal owner(s) of the building

Relationship To Owner: _____
(state details of authorisation from the owner to make the application on the owner's behalf)

FIRST POINT OF CONTACT For communications with the Council:

OWNER

AGENT

Mail documents to:



* Please delete items not applicable

SECTION 2

APPLICATION

I REQUEST THAT THE COMPLIANCE SCHEDULE FOR THE ABOVE BUILDING BE:



AMENDED:

Please complete SECTION 4 (compliance schedule amendments) on back page of this form.
*PLEASE ATTACH A COPY OF EXISTING COMPLIANCE SCHEDULE & COMPLETED SCHEDULE OF SPECIFIED SYSTEMS FORM T-27.S1

OR



ISSUED :

Please complete SECTION 5 (compliance schedule details) on back page of this form.
*PLEASE ATTACH COMPLETED SCHEDULE OF SPECIFIED SYSTEMS FORM T-27.S1

SECTION 3

X _____ Date: _____
SIGNATURE OF OWNER / AGENT ON BEHALF OF AND WITH THE AUTHORITY OF THE OWNER

NOTE: **AMENDED SCHEDULES**, complete only section 4 below. **NEW SCHEDULES**, complete only section 5. –

SECTION 4

COMPLIANCE SCHEDULE AMENDMENTS (*Complete for AMENDMENTS only)		
I REQUEST THAT THE COMPLIANCE SCHEDULE FOR THE ABOVE BUILDING BE AMENDED AS FOLLOWS:		
SPECIFIED SYSTEM [requiring amendment]	AMENDMENT REQUIRED	REASON [state why amendment is required to ensure that the specified system meets the performance standards]
ATTACHMENTS <input type="radio"/> Copy of existing compliance schedule. <input type="radio"/> Completed Form T-27.s1 schedule of specified systems		

COMPLIANCE SCHEDULE DETAILS (*Complete for NEW APPLICATIONS Only)	
I REQUEST A COMPLIANCE SCHEDULE FOR THE ABOVE BUILDING:	
The following systems or features are contained in the building:	
<input type="checkbox"/> 01) Automatic systems for fire suppression <input type="checkbox"/> 02) Automatic or manual emergency warning systems for fire or other dangers 03) Electromagnetic or automatic doors or windows <input type="checkbox"/> 03/1 Automatic doors <input type="checkbox"/> 03/2 Access controlled doors <input type="checkbox"/> 03/3 Interfaced fire or smoke doors or windows <input type="checkbox"/> 04) Emergency lighting systems <input type="checkbox"/> 05) Escape route pressurisation systems <input type="checkbox"/> 06) Riser mains for use by fire service <input type="checkbox"/> 07) Any automatic backflow preventer connected to a portable water supply 08) Lifts, escalators, travelators or other systems for moving people or goods within buildings <input type="checkbox"/> 08/1 Passenger lifts <input type="checkbox"/> 08/2 Service lifts <input type="checkbox"/> 08/3 Escalators and moving walks <input type="checkbox"/> 09) Mechanical ventilation or air conditioning systems <input type="checkbox"/> 10) Building maintenance units	<input type="checkbox"/> 11) Laboratory fume cupboards 12) Audio loops or other assistive listening systems <input type="checkbox"/> 12/1 Audio loops <input type="checkbox"/> 12/2 FM radio frequency systems & infrared beam transmission systems 13) Smoke control systems <input type="checkbox"/> 13/1 Mechanical smoke control <input type="checkbox"/> 13/2 Natural smoke control <input type="checkbox"/> 13/3 Smoke curtains 14) Emergency power systems for, or signs relating to, a system or feature specified <input type="checkbox"/> 14/1 Emergency power systems <input type="checkbox"/> 14/2 Signs related to specified systems <input type="checkbox"/> 99) Cable Car (including to residential dwelling) 15) Any or all of the following systems and features that form part of the buildings means of escape from fire and also those means contain any or all of systems or features specified in clauses 1-6,9 and 13: <input type="checkbox"/> 15/1 Systems for communicating spoken evacuation information <input type="checkbox"/> 15/2 Final exits <input type="checkbox"/> 15/3 Fire separations <input type="checkbox"/> 15/4 Signs for communicating evacuation information <input type="checkbox"/> 15/5 Smoke separations
ATTACHMENTS <input type="radio"/> Completed Form T-27.s1 schedule of specified systems	

PROGRAMMING SHEET : FOR OFFICE USE ONLY

ORDER / OFFICER	OFFICERS NAME	DATE RECEIVED	DATE COMPLETE	INITIALS	<input checked="" type="checkbox"/> = Approved <input checked="" type="checkbox"/> = Cancelled
Received by					
Programmed by					
Building Inspector					<input type="checkbox"/>
Issuing Clerk*					*ensure c/schedule fee is invoiced