



APPLICATION FOR AMENDMENT to existing building consent No.: _____ / BF no: _____

Section 45(5) Building Act 2004

At date of application BC is [CIRCLE] ISSUED OR UNISSUED

SECTION 1

THE BUILDING [Project Location]	
<p>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]</p> <p>_____</p> <p>_____</p>	<p>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]</p> <p>Lot: _____ DP: _____ Sec No: _____</p> <p>Blk No: _____ Val No: _____</p> <p>ML No: _____ Blk name & No: _____</p>
<p>Area:</p> <p>Existing floor area: _____</p> <p>New floor area: _____</p>	<p>Current, lawfully established, use: [include number of occupants per level and per use if more than one level]</p> <p>_____</p>

SECTION 2

OWNER [must be completed for all applications and all details must be the owners]	
<p>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]</p> <p>_____</p>	
<p>Owner's mailing address:</p> <p>_____</p> <p>_____</p>	<p>Street address/Registered office:</p> <p>_____</p> <p>_____</p>
<p>Owner's contact details:</p> <p>Landline: _____ Mobile: _____ After hours: _____</p> <p>Facsimile Number: _____ Email: _____ Website: _____</p>	

SECTION 3

AGENT [only required if application is being made on behalf of the owner]	
<p>Name of agent: [include the contact persons name if a company, trust of similar]</p> <p>_____</p>	
<p>Agent's mailing address:</p> <p>_____</p> <p>_____</p>	<p>Street address/Registered office:</p> <p>_____</p> <p>_____</p>
<p>Agent's contact details:</p> <p>Landline: _____ Mobile: _____ After hours: _____</p> <p>Facsimile Number: _____ Email: _____ Website: _____</p>	
<p>Relationship to owner: [state details and provide written authorisation from the owner to make the application on the owner's behalf]</p> <p>_____</p>	

SECTION 4

GENERAL	
<p>Mail invoice to: [the person responsible for the account]</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other: Address: _____ Phone: _____</p>	
<p>Mail plans/notification of application outcome to:</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other: Address: _____ Phone: _____</p>	
<p>Signed by the owner:</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p>	<p>OR</p> <p>Signed by the agent: [on behalf of, and with authority from, the owner]</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p>

AMENDMENT TO EXISTING CONSENT

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

Building Consent Number:

[list the consent number and date of issue of the consent to be amended]

Estimated value of the amended work on which the additional levy will be calculated (including GST): [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:

BUILDING CODE COMPLIANCE

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"/> NZS4203	<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/NZS3500.4		<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"/> ALF Design Manual		<input type="checkbox"/> Other:
			<input type="checkbox"/> NZS4218	<input type="checkbox"/> NZS4243			

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

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

*If applicable, please provide as much detail as possible		KEY PERSONNEL	
Designer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____		Builder: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	
Cladding Installer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____		Roofer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	
Electrician: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____		Gasfitter: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	
Plumber: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____		Drainlayer: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	
Other: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____		Other: Business/Name: _____ Address: _____ Landline: _____ Mobile: _____ Facsimile: _____ Registration: _____	

COMPLIANCE SCHEDULE DETAILS

[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]
 A compliance schedule is required for the cable car system
 No compliance schedule is required. There are no specified systems 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			

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]

Include **two copies** of Plans and Specifications: -

amendments must be marked with a balloon and/or highlighted in Yellow Green or Orange (do not use red or blue)

- | | | |
|---|--|--|
| <input type="checkbox"/> Site Plan (2 copies) | <input type="checkbox"/> E2 Risk Assessment | <input type="checkbox"/> Fire Design |
| <input type="checkbox"/> Construction Drawings (2 copies) | <input type="checkbox"/> Alt.Solutions proof of compliance | <input type="checkbox"/> Solid Fuel Heater - Installation Instructions & Floor |
| <input type="checkbox"/> Specifications (2 copies) | <input type="checkbox"/> Sewerage Assessment | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Drainage Plan (2 copies) | | |

APPLICATION ACCEPTANCE

Your application can only be accepted in certain circumstances:

- Additional separate structures must be ancillary (non-habitable) buildings.
- Amendments outside the building line must be within 12 months of the consent issue date.
- Amendments inside the building line must be within 24 months of consent issue.
- Amendments to "Minor" building consents must not exceed the value or scope for applications of this type.
- Applications can not be accepted where the CCC has been issued.

If the application does not meet the above requirements you must apply for a separate (new) building consent .

APPLICATION PROCESSING

Regulations require applications to be processed within 20 working days (excluding suspension, if additional information is required). However, council will take all possible steps to ensure your application is processed with due priority. To avoid delays in processing your application, please ensure this form is signed, completed correctly and has all relevant documents attached.

APPLICATION APPROVAL

Your application must be approved BEFORE the building work is carried out. You will be advised in writing of the application outcome. An invoice will be generated where charges apply for additional fees/levies or inspections. Approved amended consent documents and plans will be sent to you. These documents must be stored on site.

FOR OFFICE USE ONLY

ORDER / OFFICER	OFFICERS NAME	DATE RECEIVED	DATE COMPLETE	INITIALS	✓ = Approved ✗ = Cancelled
Received by					
Programmed by					
Planning					
Building Inspector					<input type="checkbox"/>
Issuing Clerk					