

	APPLICATION FOR CERTIFICATE OF ACCEPTANCE Section 97 of the Building Act 2004	COA No:
DATE LODGED: ___ / ___ / ___	RECEIPT No.: _____	DATE PAID: ___ / ___ / ___
DATE GRANTED: ___ / ___ / ___	DATE ISSUED: ___ / ___ / ___	VAL REF No.: _____
THE BUILDING – PART A		
Street Address: (or Rapid Number if applicable): _____	Number of levels: _____	Level/Unit No (if applicable): _____
Legal Description: _____	Total Floor Area (all floors included): _____m ²	
Building Name if applicable: _____	Current use: _____	
Location within Site/Block: _____	Approximate year building was first constructed: _____	
THE OWNER – PART B	AGENT - PART C	
Owners Name:	Agent's Name:	
Contact Person: (if owner is not an individual)	Contact Person:	
Mailing Address:	Mailing/Billing Address:	
Street Address/Registered Office:	Street Address/Registered Office:	
E-mail Address:	E-mail Address:	
Phone Numbers:	Phone Numbers:	
Daytime: Mobile:	Daytime: Mobile:	
After Hrs: Fax:	After Hrs: Fax:	
Evidence of ownership attached to this application:		
<input type="checkbox"/> Certificate of Title	<input type="checkbox"/> Lease Agreement	
<input type="checkbox"/> Sale and Purchase Agreement	<input type="checkbox"/> Other	
FIRST POINT OF CONTACT		
Owner / Agent (delete one)		
Application:		
I request that you issue a Certificate of Acceptance for the building work described in this application.		
_____ Signature of owner/agent on behalf of and with the authority of the owner		
Date: ___ / ___ / ___		

BUILDING WORK – PART D

Description of building work: _____

Date building work carried out: _____
(Note: Certificate of Acceptance cannot be issued for work carried out prior to 1 July 1992)The personnel who carried out the building work are as follows: *(list names, addresses, phone numbers, and relevant registration numbers)***KEY PERSONNEL – PART E**

Name of Builder/Licensed Building Practitioner :	Phone Number: Registration Number:
Mailing Address:	
E-mail Address:	
Name of Craftsman Plumber :	Phone Number: Registration Number:
Mailing Address:	
E-mail Address:	
Name of Registered Drainlayer :	Phone Number: Registration Number:
Mailing Address:	
E-mail Address:	
Name of Gasfitter :	Phone Number: Registration Number:
Mailing Address:	
E-mail Address:	
Name of Designer :	Phone Number: Registration Number:
Mailing Address:	
E-mail Address:	

PART F

The following plans and specifications are attached to this application:

- Site Plan Floor Plan Drainage Plan Bracing Schedule
 Elevations Cross Sections Previously Issued PIM (Property Information Memorandum)
 Producer Statement or equivalent from an engineer or suitable qualified person
 Other

PROJECT INFORMATION MEMORANDUM

The following matters are involved in the project:

- Subdivision
- New or altered connections to public utilities
- New or altered access for vehicles
- Disposal of stormwater and waste water
- Alterations to land contours
- New or altered locations and/or external dimensions of buildings
- Building work over existing drains or sewers or in close proximity to wells or water mains
- other matters known to the applicant that may require authorisations from the territorial authority as listed below

Did the building work result in a change of use? Yes No

If so, new intended use(s): _____

Intended Life: _____

Indefinite, but not less than 50 years

Specified as _____ years

List Building Consents previously issued for this project (if any). Include consent issuer, date of issue and consent number.

Total Value (inc GST) \$ _____

Fees: *(for office use only)*

Certificate of Acceptance \$ _____

Building Fees \$ _____

Building Levy \$ _____

BRANZ Levy \$ _____

Other _____ \$ _____

Compliance Schedule: *(Delete if inapplicable)*

The specified systems for the building are as follows”

The following specified systems were altered, added to, or removed in the course of the building work:

There are no specified systems or features in this building.

Attachments:

The following documents are attached to this application: [√]

Project Information Memorandum

Plans and Specifications

Certificates from personnel who carried Out the building work

Energy Work Certificate

Approved for Issue:

Date: _____