

APPLICATION FOR CERTIFICATE OF ACCEPTANCE

COA No:

Section 97 of the Building Act 2004

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DATE LODGED:	RECEIPT No.	: DATE PAID:		
DATE GRANTED:	DATE ISSUED	: VAL REF NO.:		
THE BUILDING – PART A				
Street Address: (or Rapid Numbe applicable):		Number of levels: Level/Unit No (if applicable):		
Legal Description:		Total Floor Area (all floors included):m ²		
Building Name if applicable: Location within Site/Block:		Current use: Approximate year building was first constructed:		
THE OWNER – PAR	ТВ	AGENT - PART C		
Owners Name: Contact Person: (if owner is not an individual) Mailing Address:		Agent's Name: Contact Person: 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: Certificate of Title Sale and Purchase Agreement Other				
FIRST POINT OF CONTACT				
Owner or Agent 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)

Name of Builder/Licensed Building Practitioner: Mailing Address: Registration Number: E-mail Address: Name of Craftsman Plumber: Mailing Address: Registration Number: Registration Number: Registration Number: Registration Number: E-mail Address: Name of Registered Drainlayer: Mailing Address: Registration Number: Registration Number: Registration Number: Registration Number: E-mail Address: Name of Gasfitter: Phone Number: Registration Number: Registration Number: Phone Number:	KEY PERSONNEL – PART E		
E-mail Address: Name of Craftsman Plumber: Mailing Address: Phone Number: Registration Number: Registration Number: Registration Number: Phone Number: Phone Number: Registration Number: Phone Number: Registration Number: Registration Number: Registration Number: Registration Number: E-mail Address: Name of Gasfitter: Mailing Address: Registration Number: Registration Number:	Name of Builder/Licensed Building Practitioner:	Phone Number:	
E-mail Address: Name of Craftsman Plumber: Mailing Address: E-mail Address: Name of Registered Drainlayer: Mailing Address: Phone Number: Phone Number: Registration Number: Registration Number: Registration Number: Phone Number: Registration Number: E-mail Address: Name of Gasfitter: Mailing Address: Registration Number: Phone Number: Registration Number:	Mailing Address:		
Name of Craftsman Plumber:Phone Number:Mailing Address:Registration Number:E-mail Address:Phone Number:Mailing Address:Registration Number:E-mail Address:Registration Number:Name of Gasfitter:Phone Number:Mailing Address:Registration Number:E-mail Address:Registration Number:E-mail Address:Phone Number:		Registration Number:	
Mailing Address: E-mail Address: Name of Registered Drainlayer: Mailing Address: Phone Number: Registration Number: Registration Number: Registration Number: Registration Number: Registration Number: Phone Number: Registration Number: Phone Number: Phone Number: Phone Number:	E-mail Address:		
E-mail Address: Name of Registered Drainlayer: Mailing Address: E-mail Address: Registration Number: E-mail Address: Name of Gasfitter: Mailing Address: Registration Number: Phone Number: Registration Number: Phone Number: Registration Number:	Name of Craftsman Plumber:	Phone Number:	
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Mailing Address: E-mail Address: Name of Gasfitter: Mailing Address: Phone Number: Registration Number: Registration Number: Phone Number: Phone Number: Phone Number:	E-mail Address:		
Registration Number: E-mail Address: Name of Gasfitter: Mailing Address: Registration Number: Registration Number: Phone Number: Phone Number:	Name of Registered Drainlayer:	Phone Number:	
E-mail Address: Name of Gasfitter: Mailing Address: Registration Number: E-mail Address: Name of Designer: Phone Number:	Mailing Address:		
Name of Gasfitter: Mailing Address: E-mail Address: Name of Designer: Phone Number: Registration Number: Phone Number:		Registration Number:	
Mailing Address: E-mail Address: Name of Designer : Phone Number:	E-mail Address:		
Registration Number: E-mail Address: Name of Designer : Phone Number:	Name of Gasfitter:	Phone Number:	
E-mail Address: Name of Designer : Phone Number:	Mailing Address:		
Name of Designer : Phone Number:		Registration Number:	
	E-mail Address:		
Mailing Address:	Name of Designer :	Phone Number:	
Mailing Address.	Mailing Address:		
Registration Number:		Registration Number:	
E-mail 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 PII	M (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) \$				

Other _____ \$____

Fees: (for office use only)

Certificate of Acceptance

Building Fees

Building Levy

BRANZ Levy

Oct. 2023

Compliance Schedule: (Delete if inapplicable)				
The specified systems for the building are as follows"				
The following specified systems were altered, adde building work:	ed to, or removed in the course of the			
There are no specified systems or features in this building.				
Attachments:				
The following documents are attached to this application: [v	√ <u>]</u>			
Project Information Memorandum	Plans and Specifications			
Certificates from personnel who carried Out the building work	Energy Work Certificate			
Approved for Issue:				
Date:				

Privacy Statement: The information you provide in this application and any supporting documents will be used by the Clutha District Council to process your application under the Building Act of 2004 and may be shared with relevant government agencies. Any member of the public may, under the Local Government Official Information and Meetings Act 1987, request access to information held by the council. Under the Privacy Act 2020, you have the right to see and correct personal information that the council holds about you. If you would like a copy of the personal information we hold about you, or to have the information corrected, please contact us at help.desk@cluthadc.govt.nz or 0800 801 350