

**Form 2: Application for Project Information Memorandum
and/or Building Consent**

Section 33 or 45, Building Act 2004



Clutha District Council
 PO Box 25 Tel: 0800 801360
 1 Rosebank Tce Email: help.desk@cluthadc.govt.nz
 Balclutha 9240 Web: www.cluthadc.govt.nz

1. THE BUILDING [Complete all applicable sections]

| | |
|---|--|
| <p>Street address of building:</p> <p>.....</p> <p><i>[If no street address – details of nearest intersection]</i></p> <p>Legal description of land where building is located: Lot DP.....</p> <p>Site area (m²) Sec Block.....</p> <p>Building name: Valuation Number</p> <p>Location of building within site/block number: <i>[Include nearest street access]</i></p> <p>.....</p> <p>Number of levels: <i>[Above & below ground]</i> Level /Unit Number:</p> <p>Floor area: (m²) <i>[Indicate area affected by the building work]</i></p> <p>Current, lawfully established, use: Year First Constructed:</p> <p><i>[Add no. of occupants per level and per use if more than 1]</i></p> | <p>Office Use Only</p> <p>Consent Number</p> <p>FEES Consent</p> <p>BRANZ</p> <p>MBIE</p> <p>Accreditation.....</p> <p>Other</p> <p>Other</p> <p>Total</p> <p>Paid</p> <p>RCT No</p> <p>Issued</p> |
|---|--|

2. APPLICATION [Nominate as applicable]

I request that you issue a: (for the building work described in this application)

Project Information Memorandum (PIM)

Project Information Memorandum (PIM) and Building Consent (BC)

Building Consent The existing PIM No [if applicable] is:

Amendment to an existing Building Consent. The existing BC No is:

Staged Consent – Being stage of stages

State the reference number if this application involves a National Multiple Use Approval:

Name: **Signature:** **Date:**

The signature is that of the Owner OR the Agent on behalf of and with the approval of the Owner

3. THE PROJECT

DESCRIPTION OF BUILDING WORK: *(Provide sufficient information below to enable scope of work to be fully understood)*

.....

.....

.....

Current use of building: *[E.g. Home, implement shed, office]*

Will the building work result in a change of use of the building? Yes No. If Yes, provide details of the new use of the building:

.....

Intended life of the building if less than 50 years: [Years]

List Building Consents previously issued for this project *(if any)*:

Estimated value of the building work on which the building levy will be calculated (including goods and services tax):

\$..... [State estimated value as defined in section 7 of the Building Act 2004]



Central Otago District Council
Clutha District Council
Dunedin City Council
Gore District Council
Invercargill City Council
Mackenzie District Council

Queenstown Lakes District Council
Southland District Council
Timaru District Council
Waimate District Council
Waitaki District Council

4. OWNER

5. AGENT *[Only required if application is being made on behalf of the owner]*

| | |
|--|---|
| Name of Owner:..... Contact Person: Mailing address: Street address/registered office: Phone No.: Landline: Mobile: Daytime: After hours: Facsimile: Email: Website: THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED: <input type="checkbox"/> Record of Title <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Agreement for Sale and Purchase <input type="checkbox"/> Other document | Name of Agent: Contact Person: Mailing address: Street address/registered office: Phone No.: Landline: Mobile: Daytime: After hours: Facsimile: Email: Website: Relationship to owner: <i>[State details of the authorisation from the owner to make the application on the owner's behalf]</i> |
|--|---|

FIRST POINT OF CONTACT for communications with the Council / Building Consent Authority: Owner Agent

Or : *(If different to above details)* Name :..... Email:.....

Mailing Address:..... Phone:..... Facsimile:.....

.....

BILLING (PAYER) DETAILS: Owner Agent Other, (state name & mailing address)

.....

6. RESTRICTED BUILDING WORK

Will the building work include any restricted building work? Yes No

If Yes, provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work *(If these details are un-known at the time of the application, they must be supplied before the building work begins.):*

| Name | Licensing Class | Licensed Building Practitioner Number <small><i>(or registration number if treated as being licensed under section 291 of the Building Act 2004)</i></small> |
|------|-----------------|---|
| | | |
| | | |
| | | |
| | | |

Note: Continue on another page if necessary

7. PROJECT INFORMATION MEMORANDUM *[Do not fill in this section if the application is for a building consent only]*

The following matters are involved in the project: *[Nominate the matters relevant to the project]*

- Subdivision
- Alterations to land contours *[e.g. digging out the site for a building platform]*
- New or altered connections to public utilities *[e.g. Council sewer, storm water or water mains]*
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater
- Building work over any 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: *[Specify]*

.....

8. BUILDING CONSENT

THE BUILDING WORK WILL COMPLY WITH THE BUILDING CODE AS FOLLOWS:

We strongly recommend applicants seek the advice of design professionals to help complete this section. You are required to nominate what code clause(s) your building work complies with.

Unless otherwise noted below, your application will be assessed under an acceptable solution.

If you are using another means of compliance, please provide details of the standard(s) that your building work complies with and the means of compliance in the space provided below. Use a separate sheet if necessary.

If you do not provide all the necessary information to show how your application complies with the Building Code, your application will be rejected.

I understand that this application is to be assessed against Acceptable Solutions unless otherwise stated in the following section. Please nominate to indicate your agreement.

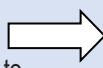
| | | | | | |
|--------------------------|--|--------------------------|---|--------------------------|------------------------------|
| <input type="checkbox"/> | B1 Structure | <input type="checkbox"/> | F1 Hazardous agents on site | <input type="checkbox"/> | G5 Interior environment |
| <input type="checkbox"/> | B2 Durability | <input type="checkbox"/> | F2 Hazardous building materials | <input type="checkbox"/> | G6 Airborne and impact sound |
| <input type="checkbox"/> | C1 Objectives of clauses C2 to C6 (Protection from fire) | <input type="checkbox"/> | F3 Hazardous substances and processes | <input type="checkbox"/> | G7 Natural light |
| <input type="checkbox"/> | C2 Prevention of fire occurring | <input type="checkbox"/> | F4 Safety from falling | <input type="checkbox"/> | G8 Artificial light |
| <input type="checkbox"/> | C3 Fire affecting areas beyond fire source | <input type="checkbox"/> | F5 Construction and demolition hazards | <input type="checkbox"/> | G9 Electricity |
| <input type="checkbox"/> | C4 Movement to place of safety | <input type="checkbox"/> | F6 Visibility in escape routes | <input type="checkbox"/> | G10 Piped services |
| <input type="checkbox"/> | C5 Access and safety for fire-fighting operations | <input type="checkbox"/> | F7 Warning systems | <input type="checkbox"/> | G11 Gas as an energy source |
| <input type="checkbox"/> | C6 Structural stability | <input type="checkbox"/> | F8 Signs | <input type="checkbox"/> | G12 Water supplies |
| <input type="checkbox"/> | D1 Access routes | <input type="checkbox"/> | F9 Restricting access to residential pools | <input type="checkbox"/> | G13 Foul water |
| <input type="checkbox"/> | D2 Mechanical installations for access | <input type="checkbox"/> | G1 Personal hygiene | <input type="checkbox"/> | G14 Industrial liquid waste |
| <input type="checkbox"/> | E1 Surface water | <input type="checkbox"/> | G2 Laundering | <input type="checkbox"/> | G15 Solid waste |
| <input type="checkbox"/> | E2 External moisture | <input type="checkbox"/> | G3 Food preparation and prevention of contamination | <input type="checkbox"/> | H1 Energy efficiency |
| <input type="checkbox"/> | E3 Internal moisture | <input type="checkbox"/> | G4 Ventilation | <input type="checkbox"/> | BCH/AS1 Backcountry huts |

Provide details of all Verification Methods being used (include code clause and means of compliance)

Provide details of all Alternative Solutions being used (include relevant code clause and means of compliance), or details of any Waivers or Modifications (including relevant code clauses). The SBCG Alternative Solution Form (SBCG 34.1) or SBCG Waiver or Modification Form (SBCG 23.1) must also be completed.

9. COMPLIANCE SCHEDULE (specified systems are defined in regulations)

- The specified systems for the building are as follows:
- The following specified systems are being altered, added to, or removed in the course of the building work:
- or
- There are no specified systems in the building.



Please provide the details required by completing these forms:

- SBCG 27 Specified System List for building consent applications; and
- SBCG SSBC Specified System Form for building consent applications

10. ATTACHMENTS

The following documents 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):

[Nominate as applicable]

Plans and specifications *(list) (or attach a list)*.....

.....

Current product certificate(s) Current manufacturer's certificate(s) referred to in section 45(1)(bb) of the Building Act

Current manufacturer's certificate(s) referred to in section 45(1)(bc) of the Building Act

Memoranda from licensed building practitioner(s) who carried out or supervised any design work that is restricted building work

Project Information Memorandum Development contribution notice Certificate attached to Project Information Memorandum

Other information relevant to this application: *[Please specify]*:

.....

Current Record of Title provided *[Less than 3 months old]*

11. CONTACTS (involved in this project)

| | |
|---|---|
| <p>Designer</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Mobile: Daytime:</p> <p>Reg No: Email:</p> | <p>Engineer</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Mobile: Daytime:</p> <p>Reg No: Email:</p> |
| <p>Builder</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Mobile: Daytime:</p> <p>Reg No: Email:</p> | <p>Gasfitter</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Mobile: Daytime:</p> <p>Reg No: Email:</p> |
| <p>Drainlayer</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Mobile: Daytime:</p> <p>Reg No: Email:</p> | <p>Plumber</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Mobile: Daytime:</p> <p>Reg No: Email:</p> |
| <p>Electrician</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Mobile: Daytime:</p> <p>Reg No: Email:</p> | <p>Other</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Mobile: Daytime:</p> <p>Reg No: Email:</p> |