



# Application For CODE COMPLIANCE CERTIFICATE

Form 6 - Section 92, Building Act 2004

|                                 |                                       |
|---------------------------------|---------------------------------------|
| <b>Building Consent Number:</b> | <b>Issued by:</b> Napier City Council |
|---------------------------------|---------------------------------------|

|  |  |
|--|--|
| <b>Section 1 - The Owner</b> [must be completed for all applications and all details must be the owners] |  |
| Name of owner:   |  |
| Contact person:  |  |
| Owners mailing address:  |  |
|  | Post Code:   |
| Street address/registered office:  |  |
|  | Post Code:   |
| <b>Owners contact details:</b>   |  |
| Landline:  | Mobile:  |
| After hours:   | Facsimile:   |
| Email:   | Website:   |
| <b>The following evidence of ownership is attached to this application:</b>                              |  |
| <input type="checkbox"/> Copy of certificate of title  | <input type="checkbox"/> Agreement for sale and purchase |
| <input type="checkbox"/> Lease   | <input type="checkbox"/> Other:                          |

|   |            |
|---|------------|
| <b>Section 2 - Agent</b> [only required if application is being made on behalf of the owner]                                    |            |
| Name of agent/designer/first point of contact:  |            |
| Contact person name: [include name if a company, trust or similar is agent]   |            |
| Agent's mailing address:  |            |
|   | Post Code: |
| Street address/registered office:   |            |
|   | Post Code: |
| <b>Agent's contact details:</b>   |            |
| Landline:   | Mobile:    |
| After hours:  | Facsimile: |
| Email:  | Website:   |
| <b>Relationship to owner:</b> [state details of the authorisation from the owner to make the application on the owner's behalf] |            |
|   |            |

**First Point of Contact** for communications with the building consent authority: [state full name, mailing address, phone number(s) and email address]

|                             |                             |                             |       |
|-----------------------------|-----------------------------|-----------------------------|-------|
| <input type="radio"/> Owner | <input type="radio"/> Agent | <input type="radio"/> Other | Name: |
| Address:                    |                             |                             |       |
|                             |                             |                             |       |
| Phone:                      |                             | Email address:              |       |

### Section 3 - Application

All building work to be carried out under the above building consent was completed on:

The following documents are attached to this application:

|                       |  |                       |                     |                       |                      |
|-----------------------|--|-----------------------|---------------------|-----------------------|----------------------|
| <input type="radio"/> | Memoranda from LBPs stating what RBW they carried out or supervised  |                       |                     |                       |                      |
| <input type="radio"/> | Other documents from personnel who carried out the work  |                       |                     |                       |                      |
| <input type="radio"/> | Certificates that relate to energy work  | <input type="radio"/> | Producer Statements | <input type="radio"/> | BCA Inspection Sheet |
| <input type="radio"/> | Evidence that specified systems are capable of performing to the performance standards set out in the building consent |                       |                     |                       |                      |
| <input type="radio"/> | Completion date of the work:   |                       |                     |                       |                      |

### Section 4 - Building work has been carried out by

The licensed building practitioners(s) who carried out or supervised the restricted building work is/are as follows:

| Name | Particular work carried out or supervised | Licensing Class | LBP Number (or registration number) |
|------|---|-----------------|-------------------------------------|
|      |   |                 |                                     |
|      |   |                 |                                     |
|      |   |                 |                                     |
|      |   |                 |                                     |
|      |   |                 |                                     |
|      |   |                 |                                     |
|      |   |                 |                                     |
|      |   |                 |                                     |

**Note:** continue on another page if necessary.

The personnel who carried out building work other than restricted building work is/are as follows:

[list names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters and Drainlayers Board registration numbers]

| Name | Contact Details (phone, address) | Licensing Class | LBP Number (or registration number) |
|------|----------------------------------|-----------------|-------------------------------------|
|      |                                  |                 |                                     |
|      |                                  |                 |                                     |
|      |                                  |                 |                                     |
|      |                                  |                 |                                     |
|      |                                  |                 |                                     |
|      |                                  |                 |                                     |
|      |                                  |                 |                                     |
|      |                                  |                 |                                     |

**Note:** continue on another page if necessary.

**Section 5 – Compliance schedule details** (list compliance schedule details)

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:

[list specified systems]

| No.   | Specified Systems                                  | Existing              | New                   | No.    | Specified Systems  | Existing              | New                   |
|-------|--|-----------------------|-----------------------|--------|--|-----------------------|-----------------------|
| SS1   | Automatic systems for fire suppression             | <input type="radio"/> | <input type="radio"/> | SS11   | Laboratory fume cupboards  | <input type="radio"/> | <input type="radio"/> |
| SS2   | Automatic or manual emergency warning systems      | <input type="radio"/> | <input type="radio"/> | SS12/1 | Audio loops  | <input type="radio"/> | <input type="radio"/> |
| SS3/1 | Automatic doors                                    | <input type="radio"/> | <input type="radio"/> | SS12/2 | FM radio frequency systems and infrared beam transmission systems              | <input type="radio"/> | <input type="radio"/> |
| SS3/2 | Access controlled doors                            | <input type="radio"/> | <input type="radio"/> | SS13/1 | Mechanical smoke control   | <input type="radio"/> | <input type="radio"/> |
| SS3/3 | Interfaced fire or smoke doors or windows          | <input type="radio"/> | <input type="radio"/> | SS13/2 | Natural smoke control  | <input type="radio"/> | <input type="radio"/> |
| SS4   | Emergency lighting systems                         | <input type="radio"/> | <input type="radio"/> | SS13/3 | Smoke curtains   | <input type="radio"/> | <input type="radio"/> |
| SS5   | Escape route pressurisation systems                | <input type="radio"/> | <input type="radio"/> | SS14/1 | Emergency power systems  | <input type="radio"/> | <input type="radio"/> |
| SS6   | Riser mains  | <input type="radio"/> | <input type="radio"/> | SS14/2 | Signs relating to one or more specified systems 1-13                           | <input type="radio"/> | <input type="radio"/> |
| SS7   | Automatic back-flow preventers                     | <input type="radio"/> | <input type="radio"/> | SS15/1 | Systems for communicating spoken information intended to facilitate evacuation | <input type="radio"/> | <input type="radio"/> |
| SS8/1 | Passenger carrying lifts,                          | <input type="radio"/> | <input type="radio"/> | SS15/2 | Final exits  | <input type="radio"/> | <input type="radio"/> |
| SS8/2 | Platform, low-speed and service lifts              | <input type="radio"/> | <input type="radio"/> | SS15/3 | Fire separations   | <input type="radio"/> | <input type="radio"/> |
| SS8/3 | Escalators and moving walks                        | <input type="radio"/> | <input type="radio"/> | SS15/4 | Signs for communicating information intended to facilitate evacuation          | <input type="radio"/> | <input type="radio"/> |
| SS9   | Mechanical ventilation or air conditioning systems | <input type="radio"/> | <input type="radio"/> | SS15/5 | Smoke separations  | <input type="radio"/> | <input type="radio"/> |
| SS10  | Building maintenance units                         | <input type="radio"/> | <input type="radio"/> | SS16   | Cable cars   | <input type="radio"/> | <input type="radio"/> |

**I request that you issue a Code Certificate for this work under section 95 of the Building Act 2004.**

The Code Compliance Certificate should be sent to: [state which address, and whether owner or agent]

|                       |       |                       |       |                       |       |       |
|-----------------------|-------|-----------------------|-------|-----------------------|-------|-------|
| <input type="radio"/> | Owner | <input type="radio"/> | Agent | <input type="radio"/> | Other | Name: |
| Address:              |       |                       |       |                       |       |       |
|                       |       |                       |       |                       |       |       |

|                            |
|----------------------------|
| <b>Signed by the Owner</b> |
| Signature:                 |
| Name:                      |
| Date:                      |

OR

|   |
|---|
| <b>Signed by the Agent</b>                        |
| [on behalf of, and with authority from the owner] |
| Signature:  |
| Name:   |
| Date:   |