

Form 6: Application for Code Compliance Certificate

Section 92, Building Act 2004

1. THE BUILDING CONSENT [Complete ALL fields on this form. Put N/A if not applicable. Cross out mistakes don't use white out fluid / tape]

Building Consent Number:
 Project address:
 Building Consent issued by:
 [Name of the Council / Building Consent Authority (BCA) that granted the building consent]

OFFICE ONLY:
 Date received:
RECEIVED
Date: 26/09/2023

2. THE OWNER

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

Name of Owner / Company:
 Contact person [If the Owner is NOT an individual]:
 Mailing address:
 Street address / registered office:
 Phone Number:
 Landline:
 Mobile:
 Daytime:
 After hours:
 Facsimile number:
 Email address:
 Website:
 The following evidence of ownership is attached to this application:
 Copy of Record of Title Lease Agreement
 Agreement for Sale and Purchase Other Document:

Name of Agent / Company:
 Contact person [If the Agent is NOT an individual]:
 Mailing address:
 Street address / registered office:
 Phone Number:
 Landline:
 Mobile:
 Daytime:
 After hours:
 Facsimile number:
 Email address:
 Website:
 Relationship to owner: [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 Council / Building Consent Authority: Owner Agent
 Full name & contact details supplied

INVOICE TO: Owner Agent

4. APPLICATION [Tick those boxes that are applicable]

All building work carried out under the Building Consent specified on this form was **COMPLETED** on [INSERT DATE]

The Licensed Building Practitioner(s) who carried out or supervised the restricted building work is / are as follows: Not Applicable as NO restricted building work

Name	Licensing Class	Licensed building practitioner number <i>(or registration number if treated as being licensed under section 291 of Building Act 2004)</i>	Particular work carried out or supervised
		BC Number - DD007.2019.00040020:001	

BUILDING UNIT APPROVED

[Continue on the next page if necessary]

Name	Licensing Class	Licensed building practitioner number <i>[or registration number if treated as being licensed under section 291 of Building Act 2004]</i>	Particular work carried out or supervised

[Continue on another page if necessary]

The personnel who carried out building work OTHER than restricted building work 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	Address <i>[Contact details must be in New Zealand]</i>	Phone No. License / Registration No:
		PH: LBP / Registration No:
		PH: LBP / Registration No:
		PH: LBP / Registration No:
		PH: LBP / Registration No:
		PH: LBP / Registration No:
		PH: LBP / Registration No:
		PH: LBP / Registration No:
		PH: LBP / Registration No:

[Continue on another page if necessary]

5. SPECIFIED SYSTEMS

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: *[Please tick as appropriate]*

- The specified systems for the building are as follows: [Specified systems are defined in regulations] **OR**
 The following specified systems have been altered, added to, or removed in the course of the building work: **OR**
 There are **NO** specified systems in the building [Note: If unsure whether your building has specified systems, talk to the BCA or your architect]

The following specified systems are being altered, added to, or removed in the course of the building work: [Tick those that are applicable]	Existing [✓ Tick]	New or Added [✓ Tick]	Altered [✓ Tick]	Removed [✓ Tick]
SS1 Automatic systems for fire suppression (e.g. sprinkler systems)				
SS2 Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and serves only that unit)				
SS3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation)				
SS3/1 Automatic doors				
SS3/2 Access controlled doors				
SS3/3 Interfaced fire or smoke doors or windows				
SS4 Emergency lighting systems				
SS5 Escape route pressurisation systems				
SS6 Riser mains for use by fire services				
SS7 Automatic back-flow preventers connected to a potable water supply				
SS8 Lifts, escalators, travelators, or other systems for moving people or goods within buildings				
SS8/1 Passenger carrying lifts				
SS8/2 Service lifts				
SS8/3 Escalators and moving walks (travelators)				
SS9 Mechanical ventilation or air conditioning systems				
SS9/1 Mechanical ventilation				
SS9/2 Air conditioning systems				
SS10 Building maintenance units providing access to exterior and interior walls of buildings				
SS11 Laboratory fume cupboards				
SS12 Audio loops or other assistive listening systems				
SS12/1 Audio loops				
SS12/2 FM radio frequency systems and infrared beam transmission systems				
SS13 Smoke control systems				
SS13/1 Mechanical smoke control				
SS13/2 Natural smoke control				
SS13/3 Smoke curtains				
SS14 Emergency power systems for, or signs relating to, a system or feature specified in any of clauses 1 to 13				
SS14/1 Emergency power systems				
SS14/2 Signs in relation to any specified systems 1-13				
SS15 Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1 to 6, 9, and 13:				
SS15/1 Systems for communicating spoken information intended to facilitate evacuation				
SS15/2 Final exits				

[Continue on the next page if necessary]

	Existing [✓ Tick]	New or Added [✓ Tick]	Altered [✓ Tick]	Removed [✓ Tick]
SS15/3 Fire separations (as defined by the Building Code)				
SS15/4 Signs for communicating information intended to facilitate evacuation				
SS15/5 Smoke separations				
SS16 Cable Cars				

6. REQUEST

I request that you issue a Code Compliance 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]*

Owner Agent Name of Owner / Agent:

Address:

Signature of: OWNER or by the AGENT on behalf of and with the authority of the Owner: *[tick correct one]*

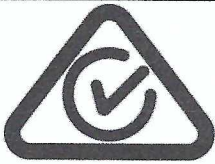
Signature: Name of person Signing: Date:

7. ATTACHMENTS *[The following documents are attached to this application]:*

- Other documents from the personnel who carried out the work e.g. Producer Statements, As-laid drainage plans.
- Memoranda (Records of Building Work) from licensed building practitioner(s) stating what restricted building work they carried out or supervised.
- Certificates that relate to the energy work e.g. electrical or gas certificates.
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent.

NOTE: Incomplete applications cannot be lodged. You will be asked to complete the application and re-submit it.





ELECTRICAL CERTIFICATE OF COMPLIANCE & ELECTRICAL SAFETY CERTIFICATE

REFERENCE/CERTIFICATE ID No.: 28112020

This form has been designed to be used by licensed electrical workers to certify that installations or Part installations under Part 1 or Part 2 of AS/NZS 3000 are safe to be connected to the specified system of electrical supply.

Location Details:

49 Ashurst Ave, Pukete, Hamilton

Contact Details:
(Name and address)

Craig & Alison Hayden

Name of Electrical worker:

Callum Trotter

Registration/Practising licence number:

E252480

Phone & email:

0211884996, callum551@yahoo.co.nz

Name and registration number of person(s) supervised:

Certificate of Compliance

Type of work:

Addition

Alteration

New work

The prescribed electrical work is:

Low risk

General

High-risk (Specify):

Means of compliance:

Part 1 of AS/NZS 3000

Part 2 of AS/NZS 3000

Additional Standards or electrical code of practice were required:

No

Yes (specify):

Date or range of dates that prescribed electrical work undertaken:

15/09/2020 - 28/11/2020

Contains fittings that are safe to connect to a power supply?

Yes

No

Specify type of supply system: MEN

The installation has an earthing system that is correctly rated (where applicable)

Yes

No

Parts of the installation to which this certificate relates that are safe to connect to a power supply?

All

Parts (specify)

The work relies on manufacturers instructions:

Yes

No

If yes - identify the instruction manual including name, date and version. Also attach a copy of manufacturer's instructions to this certificate.

(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The work has been done in accordance with a certified design:

Yes

No

If yes - identify the certified design including name, date and version. Also attach a copy of the certified design to this certificate.

(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The work relies on a Supplier Declaration of Conformity (SDoC):

Yes

No

If yes - identify the SDoC including name, date and version OR EESS registration. Also attach a copy of the SDoC to this certificate.

(Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The installation has been satisfactorily tested in accordance with the Electricity (Safety) Regulations 2010

No

Yes

Description of Work:

Domestic Alteration/Addition.

New kitchen, scullery, bathroom and entry layout.

Installation of new downlights and switchgear throughout these areas.

Alteration of existing power and lighting circuits.

New Rcbo's in DB

Exterior outlets x 2

Replacement of Exterior Lights.

Test Results (provide values)

Polarity (Independent earth):	correct	
Insulation resistance:	>999M	Ohms
Earth Continuity:	<.5	Ohms
Bonding:	<.5	Ohms
Fault Loop impedance		Ohms
Other (specify):		

By signing this document I certify that the completed prescribed electrical work to which this Certificate of Compliance applies has been done lawfully and safely, and the information in the certificate is correct.

Certifier's signature:

Date: 28/11/2020

Electrical Safety Certificate

By signing this document I certify that the installation, or part of the installation, to which this Electrical Safety Certificate applies is connected to a power supply and is safe to use.

Certifier's name:

Callum Trotter

Registration/Practising licence number:

E252480

Certifier's signature:

Certificate Issue Date:

28/11/2020

Connection Date:

28/11/2020

CUSTOMER COPY - THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE RETAINED FOR A MINIMUM OF 7 YEARS

This Electrical Safety Certificate also confirms that the electrical work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004.

New Zealand Gas Safety Certificate &
Gas Certificate of Compliance



Customer Name

Craig Hayden

BC Number - DD007.2019.00040020.001

Job Number

#10555

Certificate ID

#10555C1

Site Address

Street Address 49 Ashurst Avenue
Suburb Pukete
City, Postcode Hamilton, 3200

Risk classification:

Low-risk General High-risk

Gas Certificate is for

Whole installation Parts

Description of gas fitting work carried out

Installer Name	Licence Number	Date	Description of work undertaken
Allan Miller	21925	10/11/2020	Pipe out and set up for new LPG bottle installation running a new continuous flow water heater and a free standing cooker with a gas cooktop

Description of gas fittings to which this applies

Qty	Type	Location	Make and Model	Input Rate	Flue Type	Flue Location	Vent Type	Vent Location
1	continuous flow water heater	Outside south wall	Rheem 26	199 mj/hr	fan forced	Outside	natural	Outside
1	Free standing cooker	Kitchen	Smeg CPF9GPANA	46.4 mj/hr	N/A	In room	adventicus	in room

Parts of the gas installation that are safe to connect to a gas supply

All Parts

Gas Supply Pressure

2.75 kPa

Connection Date

10/11/2020

Gas Type

Natural Gas LPG Bio Gas
 Other

Test Results

Duration	10	mins
Test Pressure	7	kPa
Loss/Gain	0	kPa
Gas Supply Pressure	2.75	kPa

Test Date

10/11/2020

Other Testing

Combustion Yes No

Ventilation Yes No

Additional Information:

The work has been done in accordance with means of compliance (specify)

- Yes - AS/NZS 5601.1 section 3 to 6
- Yes - AS/NZS 5601.2 section 3 to 9
- No

Were there any other standards or gas code of practice required for compliance?

- Yes No

Attachments

The work relies on manufacturers instructions

- Yes No

The work has been done in accordance with certified design

- Yes No

Where practical the manufacturer instructions or designs must be attached at the end of this certificate. If not, please provide a reference here for where these can be found.

Reference

Gas Certificate of Compliance

By signing this document I confirm that I am satisfied that the work described in this certificate of compliance has been done lawfully and safely and that the information on this certificate is correct.

Certifier Name **Allan Miller**

Licence Number **21925**

Certificate Issue Date **10/11/2020**

Signature 

Plumbing Pressure Test Memorandum

Issued by:
(Plumber)

Nick Whelan

Registration
Number:

22327

Company
Name:

Advance Plumbing and Gas

Company
Address:

17 Woodward Street
Frankton, Hamilton

Company
Contact
Details:

Ph:

Mb: 027 944400

Fx:

To:

- Hamilton City Council Hauraki District Council Matamata-Piako District Council Otorohanga District Council
 Thames-Coromandel District Council Waikato District Council Waipa District Council Waitomo District Council

Building
Consent
Number:

2019.00040020.001

Building
Owner:

CRAIG HAYDEN

Project
Address:

49 ASHURST AVE
PUICETE

Description
of Building
Work:

Completion of a pressure test on the plumbing system

Scope of work
covered by
statement:

We certify that the system was tested to 1500kpa for a period of 30 minutes. This test was conducted in accordance with manufacturer recommendations and complies with the pressure testing provisions of the New Zealand Building Code and Approved Solution G12 AS1 and AS/NZS3500.1.2 as appropriate.

I understand that this Statement, if accepted, may be relied upon for the purpose of establishing compliance with the Building Code and Building Consent.

Signed by:
(Plumber)



Date: 2/11/23


**BUILDING UNIT
APPROVED**
BC Number - DD007.2019.00040020.001
The Waikato Building Consent Group Producer Statement Author register is held by the Waikato Building Consent Group.
Email: info@buildwaikato.co.nz For information on the Waikato Building Consent Group visit the [Build Waikato](http://BuildWaikato.com) website.

Gas Safety Certificate

By signing this document I confirm that the work described in this certificate complies with the building code for the purpose of Section 19(1)(e) of the Building Act 2004.

By signing this document I confirm that the work described in this certificate and the installation or part installation is connected to a gas supply and is safe to use.

Certifier Name **Allan Miller**

Licence Number **21925**

Certificate Issue Date **10/11/2020**

Signature 

Photos for Certificate #10555C1:



Form 6A

Memorandum from licensed building practitioner: Record of building work Section 88, Building Act 2004



**BUILDING UNIT
APPROVED**

BC Number - DD007.2019.00040020.001

Please fill in the form as fully and correctly as possible.

If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING	
Street address: 49 Ashurst Avenue	
Suburb: Pukete	
Town/City: Hamilton	Postcode: 3200

THE PROJECT
Building consent number: 2019/40020

THE OWNER(S)	
Name(s): Craig Michael Hayden	
Mailing address: 49 Ashurst Avenue	
Suburb: Pukete	PO Box/Private Bag:
Town/City: Hamilton	Postcode: 3200
Phone number: 07 849 9851	Email address: caksnz@gmail.com

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

PRIMARY STRUCTURE

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Walls <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof <input checked="" type="checkbox"/>	Installed Viking Roofspec Enviroclad membrane to roof	<input checked="" type="radio"/> Carried out <input checked="" type="radio"/> Supervised
Columns and beams <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Bracing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised

EXTERNAL MOISTURE MANAGEMENT SYSTEMS

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof cladding or roof cladding system <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Ventilation system (for example, subfloor or cavity) <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Wall cladding or wall cladding system <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Waterproofing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised

ISSUED BY	
Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name: Brian McLuskie	LBP number: BP108774
Class(es) licensed in:	
R2, R3, R4, R5, R7	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below):	
Street address/Registered office: 21 Fuchsia Lane	
Suburb: Matangi	Town/City: Hamilton
PO Box/Private Bag	Postcode: 3284
Phone number: 0274 743 123	Mobile: 0274 743 123
After hours:	Fax:
Email address: brian@rswaikato.co.nz	Website: www.rswaikato.co.nz

DECLARATION	
I, Brian McLuskie _____ carried out or supervised the restricted building work recorded on this form.	
Signature: _____	<i>B D McLuskie</i>
Date: _____	10/08/2020

BUILDING UNIT APPROVED

BC Number: ~~BD007.2019.00040029.001~~

Form 6A:

Memorandum from licensed building practitioner (record of building work)

SECTION 88, BUILDING ACT 2004

The building

Street address of building:

The project

Building consent number:

The owner

Name of owner:

(include preferred form of address, eg, Mr, Miss, Dr, if an individual)

Mailing address:

Street address/registered office:

Telephone number:

Mobile number:

Email address:

Record of work that is restricted building work

Work that is restricted building work ✓	Description of restricted building work <i>(If necessary, describe the restricted building work)</i>	State whether carried out or supervised <i>(Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work)</i>
Primary structure		
Foundations and subfloor framing <input type="checkbox"/>		
Walls <input type="checkbox"/>		
Roof <input type="checkbox"/>		
Columns and beams <input type="checkbox"/>		
Bracing <input type="checkbox"/>		
Other <input type="checkbox"/>		

External moisture management systems

Damp proofing	<input type="checkbox"/>		
Roof cladding or roof cladding system	<input type="checkbox"/>		
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>		
Wall cladding or wall cladding system	<input type="checkbox"/>		
Waterproofing	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

Note: Continue on another page if necessary.

Issued by

(Name of licensed building practitioner who is licensed to carry out or supervise restricted building work)

Licensed building practitioner number:

(if applicable)

Class(es) licensed in:

Plumbers, Gasfitters and Drainlayers Board registration number:

(if applicable)

Mailing address:

Street address/registered office:

Telephone number:

Mobile number:

Facsimile:

Email address:

Website:

(if applicable)

Declaration

I,

(name of licensed building practitioner), carried out or supervised the restricted building work recorded on this form:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

DAY

MONTH

YEAR



As Laid Drainage

Working Together

Building Consent Number: 2019.00040020.001 Date: 2 / 11 / 23 No. of pages: 1/1

Building Address: 44 ARTHUR AVE.

Drain Layer Name: Allan Miller

[Please print clearly]

Signature:

[Signature]

Registration Number: 21925

Business Name:

Advance Plumbing & gas

To Council: [Tick]

- Hamilton
- Hauraki
- Matamata-Piako
- Otorohanga
- Thames-Coromandel
- Waipa
- Waikato
- Waitomo

