

20 NOV 2018

RFS 3922702



Far North
District Council

Obtaining a Code Compliance Certificate for Older Building Projects

If you are looking to obtain a Code Compliance Certificate for a Building Consent issued more than four (4) years ago, please read the 'Frequently Asked Questions' sheet attached.

Should you wish to proceed with the Code Compliance Review process, please complete and return both the Authorisation Form below and a completed Code Compliance Certificate application (Form 6).

*Please note: A Code Compliance Certificate application form will be required for **each** Building Consent you are applying for.*

For any further queries please contact the Building Team on 0800 920 029 or 09 401 5200.

Regards,

Building Team
District Services

To the Building Team
Far North District Council

Authorisation to Proceed with Code Compliance Review

I wish to apply for a Code Compliance Certificate review for the following Building Consent(s):-

BC - 2006-1192/0

- There is a fee for the Code Compliance Certificate review which is payable when lodging the application with council
- There is no refund should the process not be concluded within a reasonable period, or if a Code Compliance Certificate is refused, or if some processing steps are not required.

Signature of owner J England.

Print Name Jeanette England.

Or -

Signature of Agent _____

Print Name _____

I have authority from the owner to commit him/her to this process and its associated costs

(Note: Please state the capacity of the applicant if the owner is a company; trust or similar)



For Council Use

Received:

Form 6

Application for Code Compliance Certificate

Section 92, Building Act 2004,

The Building Consent (Consent number MUST be supplied)

Checked by Applicant [checked] BCA []

*Building consent number: BC-2006-1192/0

Issued by: FNDC

The Owner (complete only if details are unchanged from consent)

Checked by Applicant [checked] BCA []

*Property Address:

25 Taumatawiwi Street

Opurangi 0445

*Name of owner (e.g. Mr, Mrs, Miss, Dr if an individual)

ENGLAND, GK & JM

*Contact person:

JEANETTE ENGLAND

*Mailing address:

PO Box 171

*Street address / registered office:

OPUNGI, KAIKOE 0473

25 TAUMATAWIWI STREET

OPUNGI, 0445

*Phone numbers:

Landline _____

Mobile 027 2362521

Daytime _____

After hours " "

Fax _____

Email Address gkjmengland@hotmail.co.nz

The following evidence of ownership is attached to this application:

If the Owner is a Company, Trust or other Organisation the Title or Capacity of the authorised signatory must be given.

Certificate of Title 6 months old or less [checked]

Agreement for Sale and Purchase []

Lease []

Other document (s) [checked]

(New Certificate of Title will be required if details are different from original Consent)

Land Transfer (2)

Agent (ONLY required if the application is being made on behalf of the owner)

Checked by Applicant [] BCA []

*Name of the agent:

*Contact person:

*Mailing address / registered office:

*Phone numbers:

Landline _____

Mobile _____

Daytime _____

After hours _____

Fax _____

Email Address _____

*Relationship to the Owner: (State details of the authorisation from the Owner to make the application on the owner's

Application

Checked by Applicant BCA

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

Name	Licensing class	Licensed building practitioner number (or registration number if treated as being licensed under section 291 of Act)	Particular work carried out or supervised
James Parker	?	PARKER GARAGES (liquidated company)	Building works

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 Drain layers Board registration numbers

Fire Installer		Builder / Carpentry Work PARKER GARAGES	
Business / Name:		Address: Liquidated Company.	
Daytime:	After hours:	Daytime: 095212137	After hours:
Mobile:	Fax:	Mobile: Refer (1)	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Drain layer		Plumber	
Business / Name: Bill Ambler		Business / Name: Bill Ambler	
Daytime: Deceased.	After hours:	Daytime: Deceased.	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Gas Fitter		Electrician	
Business / Name:		Business / Name: Danik Naeva?	
Daytime:	After hours:	Daytime: Deceased.	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Bricklayer / Block laying		Other	
Business / Name:		Business / Name:	
Daytime:	Daytime:	Daytime:	After hours:
Mobile:	Mobile:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Other		Other	
Business / Name:		Business / Name:	
Daytime:	Daytime:	Daytime:	After hours:
Mobile:	Mobile:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	

Note: Continue on another page if necessary.

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Specified Systems – If Applicable		Checked by Applicant <input type="checkbox"/>	BCA <input type="checkbox"/>
The following specified systems are contained on the compliance schedule for the building and, in the opinion of personnel who installed them, are capable of performing to the performance standards set out in the building consent: <i>(Tick as appropriate)</i>			
Type of System			Tick
SS1 - Automatic systems for fire suppression			
SS 2 - Automatic or manual emergency warning systems for fire or other dangers			
SS 3.0 Electromagnetic or automatic doors and windows			
SS 3.1 - Automatic doors Interfaced with other emergency systems			
SS 3.2 – Access control doors (swipe card, key pad, sensor-delayed)			
SS 3.3 – Interfaced fire or smoke doors or windows			
SS 4 – Emergency lighting			
SS 5 – Escape route pressurisation systems			
SS 6 – Riser mains for use by fire services			
SS 7 – Automatic backflow preventers connected to a potable water supply			
SS 8 – Lifts, escalators, travellators or other systems for moving people or goods			
SS 8.1 – Passenger – carrying lifts			
SS 8.2 – Service lifts			
SS 8.3 Escalators and moving walkways			
SS 9 – Mechanical ventilation systems			
SS 10 - Building maintenance units for providing access to buildings (internal or external)			
SS 11 - Laboratory fume cupboards			
SS 12 - Audio loops or other assistive listening systems			
SS 12.1 – Audio loops			
SS 12.2 – FM radio frequency and infrared beam transmission systems			
SS 13 – Smoke control systems			
SS 13.1 – Mechanical smoke control			
SS 13.2 – Natural smoke control			
SS 13.3 – Smoke curtains			
SS 14 – Emergency power systems for, or signs relating to, a system or feature specified in any of the items 1 - 13			
SS 14.1 – Emergency power systems			
SS 14.2 – Signs for systems			
SS 15 - 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 - 6, 9, and 13			
SS 15.1 - Systems for communicating spoken information intended to facilitate evacuation			
SS 15.2 - Final exits			
SS 15.3 - Fire separations			
SS 15.4 - Signs for communicating information intended to facilitate evacuation			
SS 15.5 - Smoke separations			
SS 16 - Cable cars			

Please note – On issue of your Code Compliance Certificate you will have to start the inspection and maintenance regimes stated in your Compliance Schedule

BillingChecked by Applicant BCA

This section identifies the person responsible for paying invoices and/or receiving any associated refunds associated with this application.

Owner Agent **Declaration**Checked by Applicant BCA

All building work to be carried out under the above building consent specified on this form was completed on

unknown (date) after 2002.

I request that you issue a Code Compliance Certificate for this work under section 95 of the Building Act 2004. I hereby certify that, to the best of my knowledge, the information given in this application is true, complete and correct. I undertake to pay all actual and reasonable application costs incurred by the Far North District Council.

The Code Compliance Certificate - and other correspondence - should be sent to: (state which address and whether owner or agent as above)

State name: Mr & Mrs AK & JM England.

State address: PO Box 171, Oporeni, Kaikohe 0473

Signed by Owner Agent on behalf of and authority of the owner

PRINT name: JEANETTE ENGLAND

Signature: J England.

Date: 19/11/18

Attachments

The following documents are attached to this application:

- Documents from personnel who carried out the work
- Memoranda from LBP's stating what restricted building work they carried out or supervised
- Certificates that relate to the energy work
- Evidence that specified systems are capable of performing to the performance Standards set out in the building consent

Submit Your Application

Hand your application and associated forms to the Building Inspector at your Final Inspection

OR

Post your completed application to –

The Building Consents Manager

Far North District Council

Private Bag 752

Kaikohe 0440

OR - drop your completed application in at one of our Service Centers

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PART D : KEY PERSONNEL

From the 30 November 2009, The Building Act 2004 requires all restricted building work to be carried out or supervised by Licensed Building Practitioners. After this date, applications for consent can only be accepted where a Licensed Building Practitioner has been engaged and the registration number shown in the appropriate area below.

DESIGNER

Name : Parker Garages Reg N° : Email Address : jimmy@parkergarages.co.nz
Address : 135 Meadowbank Rd, Meadowbank, Auckland
Phone N° : 09 821 2137 Mobile N° : Website address :

BUILDER (LICENSED BUILDING PRACTITIONER FROM 30/11/2009)

Name : To be confirmed Reg N° : Email Address : :
Address :
Phone N° : Mobile N° : Website address :

REGISTERED DRAINLAYER

Name : To be confirmed Reg N° : Email Address : :
Address :
Phone N° : Mobile N° : Website address :

REGISTERED PLUMBER

Name : To be confirmed Reg N° : Email Address : :
Address :
Phone N° : Mobile N° : Website address :

REGISTERED ELECTRICIAN

Name : To be confirmed Reg N° : Email Address : :
Address :
Phone N° : Mobile N° : Website address :

REGISTERED GAS FITTER

Name : (to be confirmed) Reg N° : Email Address : :
Address :
Phone N° : Mobile N° : Website address :

OTHER

Name : Reg N° : Email Address : :
Address :
Phone N° : Mobile N° : Website address :

OTHER

Name : Reg N° : Email Address : :
Address :
Phone N° : Mobile N° : Website address :

N/A

2

Land Transfer Tax Statement

Sections 156B & 156C of the Land Transfer Act 1952

- You can use this form to provide the required tax details as part of registering your property transfer
- A separate tax statement will need to be completed for each individual or entity (non-individual/corporate)
- See notes published on the LINZ website for details on how to complete this form.

Property Details

1. Certificate of title reference (Computer Register)
 NA19C/786

2. Instrument number of transfer to be registered (if available)
 T 11249758.1

3. Does the transfer include any land that has a home on it?
For this question a home is any dwelling that is mainly used as a place of residence e.g. house, apartment, unit whether tenanted, occupied or not

Yes
 No

Seller / Buyer Identity

4. Is this statement for?
 a transferor (seller)
 a transferee (buyer)

5. Enter the exact name that EITHER currently appears on the title (if transferor/seller) OR will appear on the title (if transferee/buyer)
For mortgagee, rating, and court ordered sales, refer to section 5 in the notes before completing the name

Jeanette Milly England

6. In this transaction are you representing?
See section 6 in the notes for more information

the person (individual) named in 5 above → go to 9
For example:

- o yourself
- o yourself as a trustee
- o yourself as a partner in a partnership
- o yourself as an executor or administrator of a deceased estate
- o another person as their attorney

the entity (non-individual/corporate) named in 5 above → go to 14
For example:

- o a company
- o a company as a trustee
- o a corporate entity (body corporate, incorporated society, etc.)
- o a public or local government authority
- o an entity as its attorney
- o other non-individual

a nominator **not** named in 5 above → go to 7
o this only applies where you will be holding the property on behalf of another person or entity
o this does not apply where, for example, a person nominates their family trust to complete the purchase of a property

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7. If you are acting as a nominee for a nominator, please enter the name of your nominator

For definition of nominee please refer Section YB21 of the Income Tax Act 2007

if you are acting for multiple nominators, please mark here

If you are acting for multiple nominators, enter one name above and answer all subsequent questions on behalf of that nominator. A tax statement will need to be completed for each of the remaining nominators. Refer to the notes for more information on multiple nominators

8. Is your named nominator a person (individual)?

yes → go to 9

no → go to 14

9. Mark only one option to answer this question. Are you?

a New Zealand citizen

a holder of a New Zealand resident visa

a holder of a New Zealand student visa

a holder of a New Zealand work visa (e.g. working holiday, essential skills, study to work, work to resident, etc.)

none of the above

If you are acting as a nominee or as an attorney for an individual, please answer this question and all following questions on behalf of the person you are acting for. For example, if the nominator or donor is a New Zealand citizen, mark New Zealand citizen

10. Mark all the options you need to answer this question. Is any member of your immediate family?

a New Zealand citizen

a holder of a New Zealand resident visa

a holder of a New Zealand student visa

a holder of a New Zealand work visa (e.g. working holiday, essential skills, study to work, work to resident, etc.)

or no member of my immediate family is any of the above

11. If you are a transferor/seller → go to 14

12. If you are a transferee/buyer and no one in your immediate family including yourself holds a New Zealand work or student visa → go to 14

13. Do you or a member of your immediate family intend living on the land?

Yes

No

7/8

Tax details

14. If you are acting for an entity, trust, estate, partnership, nominator, or under a power of attorney, please complete all tax details on behalf of the person or entity for whom you are acting.

15. If you wish to claim an exemption from providing tax details enter the non-notifiable reason code:
For example, if the property is or will be your main home, insert "A" below
You cannot claim the main home or any other non-notifiable reason if you are an offshore person.
Refer to section 15 in the notes for more non-notifiable reason codes
A. Main Home - Sec 156A(2)(a) Land Transfer Act 1952

16. If you have entered a non-notifiable reason code → go to 20

17. Enter the relevant New Zealand IRD number for yourself or the person or entity you are representing
i.e. the tax number for the person, trust, company, partnership, body corporate, or unincorporated body

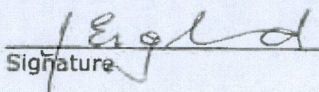
18. Apart from New Zealand, are you or the person or entity you are representing a tax resident in any other country?
Refer to section 18 in the notes to find out more details about tax residency
 Yes
 no → go to 20

19. Complete the following details for each country/jurisdiction, other than New Zealand, you or the person or entity you are representing are a tax resident in.

Name of country/jurisdiction	Country code	Taxpayer identification number

Signature

20. I certify that the information in this statement is true and correct at the time of signing this. I am aware there are penalties for providing incorrect information.


 Signature _____ Date 10/10/18

Jeanette Milly England
 Your Name _____

 Position or office held (if signing as an authorised person)

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COMPUTER FREEHOLD REGISTER
UNDER LAND TRANSFER ACT 1952



R. W. Muir
Registrar-General
of Land

Search Copy

Far North District
Council
Received

Identifier **NA19C/786**
Land Registration District **North Auckland**
Date Issued 21 September 1970

Prior References
NA4B/646

Estate Fee Simple
Area 680 square metres more or less
Legal Description Lot 29 Deposited Plan 61764

Proprietors
Frances Gwendoline Cameron and Michael Shane Cameron

Interests
Fencing Provision in Transfer A497782 - 21.9.1970

Kaikohe Service Centre
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Transaction Id 13062006
Client Reference akpublic7

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Register Only

Identifier

NA19C/786

VII Hokianga S.D.

METRIC AREA IS **680**

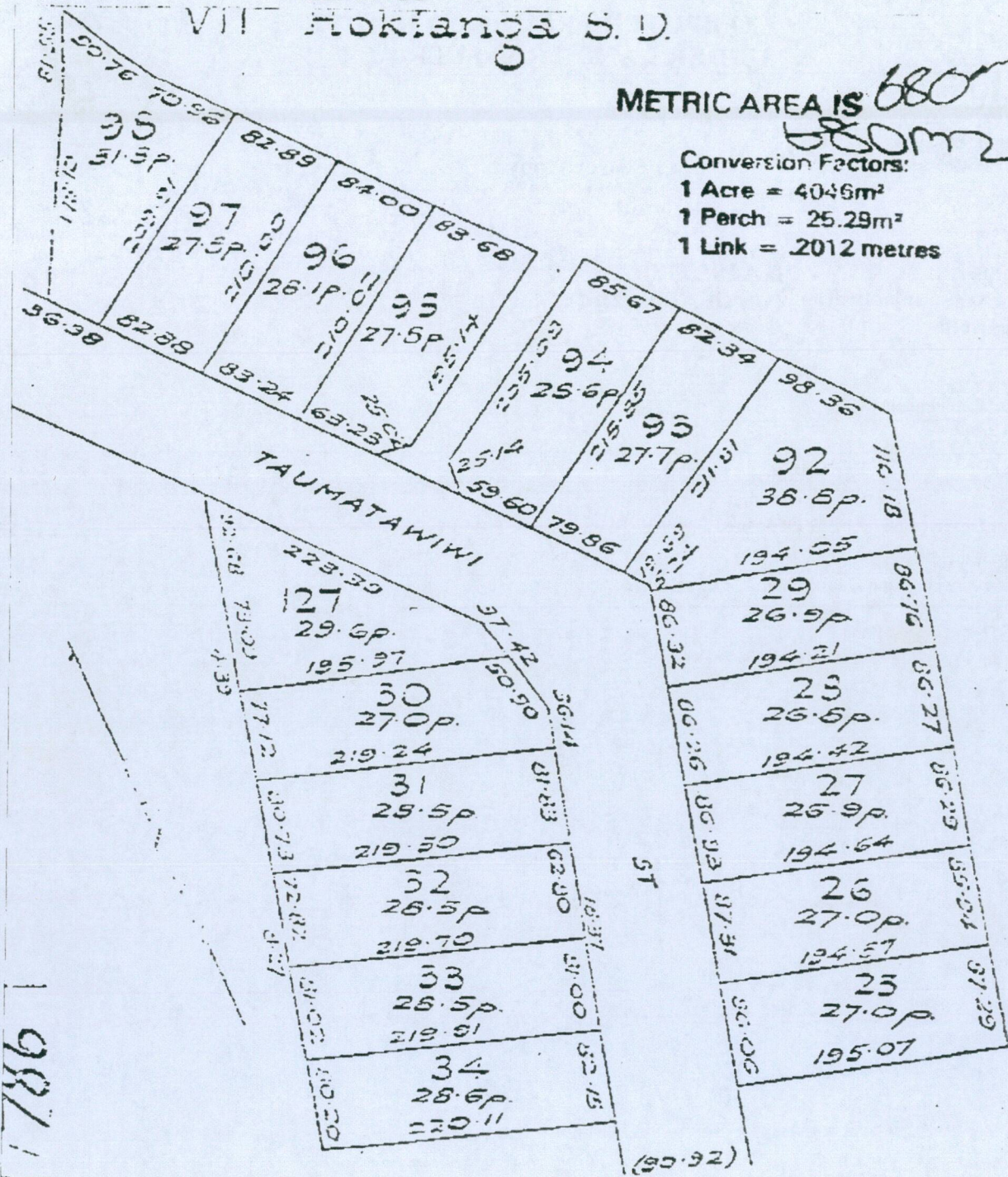
680m²

Conversion Factors:

1 Acre = 4046m²

1 Perch = 25.29m²

1 Link = 2012 metres



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1987

Transaction Id 13062006
Client Reference akpublic7

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Register Only