#### FORM 3 APPLICATION FOR BUILDING CONSENT

(Section 33, Building Act 1991)

### To: FAR NORTH DISTRICT COUNCIL

80930893

PART A : GENERAL (Complete Part A in all cases)						
APPLICANT						
Name: R-J. FIFE,						
Mailing Address: <u>R-D3 Karkobe</u>						
*BCAPP*						
Contact Person's Name and Position: R. J. FIFF Rianahiruhi	Ro					
Due						
Telephone: 4057511 Fax:						
*Under section 33 of the Building Act 1991, the applicant must be the owner of the land on which building work is contemplated or a person has agreed in writing, whether conditionally or unconditionally, to purchase the land or any leasehold estate or interest in the land, or to take of the land, while the agreement remains in force.	who or which a lease					
PROJECT						
New building Area: $\frac{1}{2}$ m <sup>2</sup> Intended Use(s) [in detail]: <u>HAIJSH</u>	ED					
Relocated building  Area : m <sup>2</sup> Intended life:						
Alteration Area : m <sup>2</sup> Indefinite but not less than 50 years	and the second sec					
Demolition Area : m <sup>2</sup> Specified as years						
Estimated Value (inclusive of GST)	1.71					
Building : \$ 5-003 -00 Plumbing & Drainage: \$ Total : \$						
Street Address : Kanihinghing Road						
Legal Description (as shown on certificate of title or rates notice):						
Area: m <sup>2</sup> /ha. Valuation No: 670-142						
' FOR COUNCIL USE						
Date Received: Application Fee: 150 - Receipt No:						
THIS APPLICATION IS FOR :						
Building consent only, in accordance with project information memorandum No :						
Issued on :						
Both building consent and a project information memorandum						

Kaitaia Service Centre Redan Rd, P O Box 94 Kaitaia Ph: (09) 408-1400 Fx: (09) 408-1404 Rawene Service Centre Parnell St, P O Box 3 Rawene Ph: (09) 405-7829 Fx: (09) 405-7898 Kawakawa Service Centre S.H No.1, P O Box 11, Kawakawa Ph: (09) 404-0371 Fx: (09) 404-1544 **PART B: PROJECT DETAILS** [Complete Part B only if you have not applied separately for a project information memorandum]

Information is provided for the project of	on the following	matters [0	Cross each	applicable	box and	attach
relevant information in.duplicate] :			find a start of the start		1. 19 19 19 19 19	

Location, in relation to legal	boundaries,	and external	dimensions of all	existing, new,	relocated,	or altered buildings
or demolition work						

New and/or existing provisions for vehicular access, including parking

Provisions to be made in building over or adjacent to any road or public place

New and/or existing provisions for disposing of stormwater and wastewater

Precautions to be taken where building work is to take place over existing drains or sewers or in close proximity to wells or watermains

New and/or existing connections to public utilities

New and/or existing provisions for water supply (if not from reticulated system)

Provisions to be made in any demolition work for the protection of the public, suppression of dust, disposal of debris, disconnection from public utilities, and suppression of noise

Any cultural heritage significance of the building or building site, including if it is on a marae.

#### **PART C: BUILDING DETAILS** [Complete Part C in all cases]

This application is accompanied by [Cross each applicable box, attach relevant documents in duplicate]:

Copy of the Certificate of Title

The site plan and drawings, specifications, and other documents according to which the building is proposed to be constructed to comply with the provisions of the building code, with supporting documents, if any, including:

Building certificates

Producer statements

References to accreditation certificates issued by the Building Industry Authority

References to determinations issued by the Building Industry Authority

Proposed procedures, if any, for inspection during construction

ART D: KEY PERSONNEL [Complete Part D as far as relevant. Give names, addresses, and telephone numbers. Give relevant registration numbers if known]

Designer(s) :	Reg No:
Address:	Tel :
Builder : P. DARROWSK	21°
Address: RDIT KAIKO	<u>ME Tel:094058870</u>
Registered drainlayer :	
Address:	Tel :
Registered plumber :	Reg No:
Address:	Tel :
Registered gasfitter :	
Address:	Tel:
Registered electrician :	Reg No:
Address:	Tel:
Other :	

If you intend to use a Building Certifier, give name, address, telephone number and registration number.

Building certifier(s) :	Reg No:
Address:	Tel:

### PART E: COMPLIANCE SCHEDULE DETAILS E1 : SYSTEMS NECESSITATING A COMPLIANCE SCHEDULE

[Complete Part E1 for all new buildings and alterations, except single residential dwellings]

The building will contain the following [Cross each applicable box and attach proposed inspection, maintenance, and reporting procedures in duplicate]:

	Automatic sprinkler systems or other systems of automatic fire protection
	Automatic doors which form part of any fire wall and which are designed to close shut and remain shut on an alarm of fire
	Emergency warning systems for fire or other dangers
	Emergency lighting systems
	Escape route pressurisation systems
	Riser mains for fire service use
	Any automatic back-flow preventer connected to a potable water supply
·þ	Lifts, escalators, or travelators or other similar systems
	Mechanical ventilation or air conditioning system serving all or a major part of the building
	Any other mechanical, electrical, hydraulic, or electronic system whose proper operation is necessary for compliance with the building code
	Building maintenance units for providing access to the exterior and interior walls of buildings
	Such signs as are required by the building code in respect of the above-mentioned systems
	None of the above

### E2 : OTHER SYSTEMS AND FEATURES TO BE INCLUDED IN THE COMPLIANCE SCHEDULE

[Complete Part E2 only if the building contains one or more of the systems listed in Part E1]

The building will contain the following [Cross each applicable box and attach proposed inspection, maintenance, and reporting procedures in duplicate]:

A	Means of escape from fire
	Safety barriers
	Means of access and facilities for use by persons with disabilities which meet the requirements of section 25 of the Disabled Persons Community Welfare Act 1975
	Hand-held hoses for fire fighting
	Such signs as are required by the building code or section 25 of the Disabled Persons Community Welfare Act 1975
Signed	by the applicant:
Name	:
Positio	n : Date :/ /
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### **BUILDING CONSENT NO BC 930893 TRACKING SHEET**

NAME: FIFE, R J

VAL. NO:

DATE: 17 February 1994

00670-042-00

LEGAL DESC: LOTS 1 2 DP 121288 SECS 44 45 PT 43 BLK I WAOKU SD

**BUILDING:** CONSTRUCT A HAYSHED LOCATION: STATE HIGHWAY 12 RAWENE RIDING

[	and the second
	RESOURCE PLANNER
DATE: 15-2-0	dy signed:
CONDITIONS:	
	DEVELOPMENT ENGINEER
DATE:	SIGNED:
CONDITIONS:	
	PLUMBING & DRAINAGE INSPECTOR
DATE: 21-2-	9 34 SIGNED: LIS Mon
CONDITIONS:	9 24 SIGNED: LIS Mon site ins 10/2/94 with male
	BUILDING INSPECTOR
DATE:	SIGNED:
CONDITIONS:	
	OTHER :
DATE:	SIGNED:
CONDITIONS:	
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## PLANNING CHECK SHEET

	PIM No: <u>930895</u> .
Zoning: <u>Rus</u>	el 1
Does the proj the zone? Yes	ect comply with all standards or ordinances within
ио 🗆	List standards/ordinances not complied with and attach.
Type of Activ	ity under RMA? <u>ton Hed</u>
No 🖸 Yes 🗆	ect require a resource consent? ource Consent granted?
Yes	<pre>RC # Date granted:</pre>
	ditions appropriate to this project? e  Attached.
Comments:	
Is there a building(s)? No Yes	special classification applied to this land or
NO-D	Site of Special Biological Interest classified by artment of Conservation (see attached)
	Historic or archaeological classification by toric Places Trust (see attached) Other:
by	(see attached)
Licenses that	<pre>may be required to operate: Liquor license . Health license</pre>
_	
	Dangerous goods license

Note This listing is not intended to contain all licenses, permits or other legal requirements relevant to the proposed project.

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# ENGINEERING CHECK SHEET

## PIM No: \_\_\_\_\_

Is there pr alteration o features, inc	f the bui	vant lding	to the design, construction or or proposed building, special
Erosion?	No		
	Yes		see attached
	Don't kno	W	
Avulsion			
	Yes		see attached
	Don't kno	W	
Falling	Debris?	No	
	Yes		see attached
	Don't kno	W	
Subsiden	ce? No		
	Yes		see attached
	Don't kno	W	
	2011 0 11110		
Slippage	? No		
	Yes		see attached
	Don't kno	W	
Inundati	on? No		
Indiadet	Yes		see attached
	Don't kno		
	Don't kno	W	
Other?	No		
	Yes		What?
	see attac	hed	
	Don't kno		
The above info Utilities	ormation is	only	that which is known to the Council.
	e is served	by t	he following utilities:
None			Sewer 🛛
Water			Storm water
Other			
Maps of	the utility	(ies)	are
Not avai	_	()	
Availabl	e 🗆	see	attached.
Connecti attached		utilit	ties noted above is required, see

## INSPECTOR'S CHECK SHEET

INC	LOTON O CHECK O					
		PIM No:				
SITE INSPECTIC	N DATE :					
Are there restriction system on this site?	s on the use of a septic tank/soakage	field effluent disposal				
NO 🗆						
YES 🗆	(See attached)					
proximity to wells o	o take place over existing drains of water mains or cables, are precaution					
YES						
NO 🗌	(See attached)					
	one Rating for site?					
Are the provisions adequate?	or building over or adjacent to a	road or public place				
Not needed						
Hoardings	YES 🗆	NO 🗆				
Temporary Support	YES 🗆	NO 🗆				
Explain what is need						
Where demolition w suppression of dust, suppression of noise YES	ll occur are the provisions for prot lisposal of debris, disconnection fro adequate/suitable?	ection of the public, m public utilities and				
NO D	(See attached)					
	(our attached)					
Where water is not from a reticulated system, is the water supply proposed adequate for intended use?						
Not needed						
YES						
NO	(See attached)	BACT\lInsp.doc				

MEMORIAL AVENUE, KAIKOHE TELEPHONE 0-9-401 2101

OFFICIAL RECEIPT G.S.T. REG. No. 52-004-926

#### SERVICE CENTRES:-

KAIKOHE Ph 0-9-401 2101 KAITAIA Ph 0-9-408 1400 KERIKERI Ph 0-9-407 7033

RAWENE Ph 0-9-405 7829 KAEO Ph 0-9-405 0297 KAWAKAWA Ph 0-9-404 0371

	NAME AND ADDI RJ FIFE KARUHIRUHI ROAD BUILDING FEE		ASSESSMENT No. ACCOUNT No. 011101512520040004	AMOUNT RECEIVED
	Chq RJ FIFE	201051170		
RECEIPT No: DATE	453350 3-Feb-94	AMOUNT \$0.00 TENDERED \$150.00	\$0.00 CHANGE 0F:51/TT:7	83



FAR NORTH DISTRICT COUNCIL MEMORIAL AVENUE, KAIKOHE TELEPHONE 0-9-401 2101

OFFICIAL RECEIPT G.S.T. REG. No. 52-004-926

#### SERVICE CENTRES:-KAIKOHE Ph 0-9-401 2101 KAITAIA Ph 0-9-408 1400 KERIKERI Ph 0-9-407 7033

RAWENE Ph 0-9-405 7829 KAEO Ph 0-9-405 0297 FAR NORTH DISTRICT COUNCIL

BUILDING INSPECTION REPORT

BC No Applicant:	Date <u>10-2-94</u> Time <u>930</u>	
Project Location:	ove.	
Valuation No:	Mileage:	

Type of Inspection:

	Site	Excavation
~	Foundation	Drainage pipes
	Pre-line	Sewer Connection
	Other:	Underfloor
		Final (for Code Compliance)

+ male have conducted the inspection noted I Ban above, and:

- [ ] Affirm that the work relevant to this inspection is satisfactory and in compliance with the above referenced building consent and with the Building Code.
- [ ] Have found the following items requiring additional or corrective work to be performed immediately:

igned	,	phoor Inspecto
[] Hand delivered	[] Posted on site	[] Mailed, date
CT 1:		

BACT\linspect.fm2 27 May 1993