

APPLICATION



001



For Council Use

Received:

FORM 6

Application for Code Compliance Certificate

Section 92, Building Act 2004

The Building Consent

Building consent number: BC-2015-137/0
Issued by: Far North District Council

The Owner (delete this section if details have not changed from the building consent)

Property Address: 10 Marmon Street, Rawene 0443
Name of Owner: Garry John Clarke and Elizabeth Dagmar Clarke and CR Trustees Limited
Contact Person: LIZA CLARKE
Mailing Address: P.O. Box 123 Rawene 0443.
Street Address / Registered Office: 10 MARMON STREET
RAWENE 0443.
Phone numbers: Landline 405-7688.
Mobile: 021-0333 999.
Daytime: A/hours:
Fax:
Email Address: clarkegroup@ihug.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 Agreement for Sale and Purchase Lease Other document (s)

Agent (delete this section if the application is not being made on behalf of the owner)

Name of the agent:

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

Contact person:

Mailing address / registered office:

Phone numbers:

Landline

Mobile:

Daytime:

A/hours:

Email / Web Address:

Relationship to the 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:

(State full name, mailing address, phone number /s Fax no., email address)

Phone numbers:

Landline

Mobile:

Daytime:

A/hours:

Email / Web Address:

Application

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

14-8-2014 (date).

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 Fair North District Council.

The Code Compliance Certificate should be sent to:

State name:

Garry CLARKE

State address:

10 MARMON STREET Rawene.

Signature of owner:

G. Clarke 0443

or

Signature of Agent on behalf of and with the authority of the owner:

19-8-2014

Date:

The Person / Organisation responsible for invoice payments for this consent:

Owner / Applicant

Agent

Other

* SENT TO RATES ADDRESS - P.O. BOX

Key Contacts / Licensed Building Practitioners (LBP) – please provide if applicable

| Designer or Architect | | Builder / Carpentry Work | |
|---------------------------------------|--------------|--------------------------------------|--------------|
| Business / Name: | | Business / Name: | |
| Address: | | Address: | |
| Daytime: | After hours: | Daytime: | After hours: |
| Mobile: | Fax: | Mobile: | Fax: |
| Registration or LBP Registration No: | | Registration or LBP Registration No: | |
| Drainlayer | | Plumber | |
| Business / Name: | | Business / Name: | |
| Address: | | Address: | |
| Daytime: | After hours: | Daytime: | After hours: |
| Mobile: | Fax: | Mobile: | Fax: |
| Registration or LBP Registration No: | | Registration or LBP Registration No: | |
| Structural Engineer | | Electrician | |
| Business / Name: | | Business / Name: | |
| Address: | | Address: | |
| Daytime: | After hours: | Daytime: | After hours: |
| Mobile: | Fax: | Mobile: | Fax: |
| Registration or LBP Registration No: | | Registration or LBP Registration No: | |
| Gas Fitter | | Bricklayer | |
| Business / Name: | | Business / Name: | |
| Address: | | Address: | |
| Daytime: | After hours: | Daytime: | After hours: |
| Mobile: | Fax: | Mobile: | Fax: |
| Registration or LBP Registration No: | | Registration or LBP Registration No: | |
| Foundation work | | Blocklaying | |
| Business / Name: | | Business / Name: | |
| Address: | | Address: | |
| Daytime: | After hours: | Daytime: | After hours: |
| Mobile: | Fax: | Mobile: | Fax: |
| Registration or LBP Registration No: | | Registration or LBP Registration No: | |
| External Plastering | | Roofing work | |
| Business / Name: | | Business / Name: | |
| Address: | | Address: | |
| Daytime: | After hours: | Daytime: | After hours: |
| Mobile: | Fax: | Mobile: | Fax: |
| Registration or LBP Registration No: | | Registration or LBP Registration No: | |
| Head Contractor / Site Manager | | Other | |
| Business / Name: | | Business / Name: Alan Fox | |
| Address: | | Address: | |
| Daytime: | After hours: | Daytime: | After hours: |
| Mobile: | Fax: | Mobile: | Fax: |
| Registration or LBP Registration No: | | Registration or LBP Registration No: | |

X

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:

| Type of System | Tick |
|---|------|
| Cable car | |
| Automatic systems for fire suppression | |
| Electromagnetic doors or automatic doors and windows | |
| Automatic emergency warnings or manual emergency warnings | |
| Emergency lighting systems | |
| Escape route pressurisation systems | |
| Riser mains for use by fire service | |
| Any automatic back-flow prevention connected to potable water supply | |
| Lifts, escalators travelators or other systems for moving people or goods | |
| Mechanical ventilation or air conditioning systems | |
| Building maintenance units for providing access to buildings (internal or external) | |
| Laboratory fume cupboards | |
| Audio loops or other assistive listening systems | |
| Smoke control systems | |
| Emergency power systems | |
| Means of escape from fire | |
| Safety barriers | |
| Means of access and facilities for disabled persons | |
| Hand-held hose reels for fire fighting | |
| Signs required by the building Code | |

Attachments

The following documents are attached to this application:

Certificates from the personnel (tradesmen) who carried out the work:

Certificates that relate to the energy work:

Delete if inapplicable

Evidence that specified systems are capable of performing to the performance Standards set out in the building consent:

Delete if inapplicable

Submit your application

To submit your application:

○ **Post your completed application form to –**

The Building Consents Manager
Far North District Council
Private Bag 752
Kaikohe 0440

○ **Drop your completed application form in at one of our Service Centres –**

Kaikohe Service Centre
Memorial Avenue

KAIKOHE

Kawakawa Service Centre
Gillies Avenue

KAWAKAWA

Kerikeri Service Centre
John Butler Centre

KERIKERI

Kaero Service Centre
Main Road

KAEO

Kaitaia Service Centre
cnr Church & South Roads

KAITAIA



JKS

| | |
|------------------------|---------------|
| For Council use | 05 AUG 2014 |
| Received: | |
| Application no: | BC 2015-13710 |
| RFS#: | |

Home Kerikeri Ref: 62

FORM 2

Application for Solid Fuel Appliances Section 45, Building Act 2004

Free Standing Fireplace

Solid Fuel Stove

Inbuilt Fire Place

Wetback Installation

If you wish to book a lodgement and application vetting meeting, please book this in advance of lodgement by phoning our friendly Customer Service or Building Support Officer on 0800 920 029.

The Building

Street address of building:

(For structures which do not have a street address, number, state the nearest street intersection and the distance and direction from that intersection, or the closest RAPID no):

10 Marmon Street, Rawene 0443

Legal description of land and where building is located:

(if the land is proposed to be subdivided, include details relevant lot number and subdivision consent)

Lot 1 DP 432156

Building name: (if applicable)

Location of building within site/block number:
(Includes nearest street access)

Off Marmon Rd

Number of Levels:

(Include ground level and any levels below ground)

Level / unit number:

Area:

(Total floor area: indicate area affected by the building work if less than the total area & SITE AREA)

140 m²

Current, lawfully established, use:

(Include number of occupants per level and per use if more than 1)

Dwelling

Year first constructed:

The Owner

Building Manager

NON TECHNICAL ASSESMENT

OBJECT ID: A1111447

| | | | |
|-----|---|---|-------------------|
| RES | 1 | 2 | 3 ^{of 4} |
| COM | 1 | 2 | 3 |

TECHNICAL ASSESMENT

REVIEW DATE: 10/08/12

| | | | |
|-----|---|---|---|
| RES | 1 | 2 | 3 |
| COM | 1 | 2 | 3 |

✓

Name of owner
(E.g. Mr, Mrs, Miss, Dr if an individual)
Contact person:

Garry John Clarke & Elizabeth Dagmar
Garry Clarke

Mailing address:

10 Marmon Street, Rawene 0443

Street address / registered office:

Phone numbers:

Landline 09 4057688
Mobile 0210333999
Daytime _____ After hour's _____
Fax _____
Email Address clarkegroup@ihug.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 Agreement for Sale and Purchase. Lease Other document(s)

Agent (delete if inapplicable)

Name of the agent:

Home Kerikeri Limited

Contact person:

Paul Graham

Mailing address / registered office:

PO Box 119
Kerikeri 0245

Phone numbers:

Landline 09 407 9666 Mobile 021 599 645
Daytime 09 407 9666 A/hours 021 599 645
Email / Web address: paul@homekerikeri.co.nz

Relationship to the Owner:

(State details of the authorisation from the Owner to make the application on the owner's behalf)

Supplier
Owner supplied evidence of Ownership

First point of contact for communications with the council / building consent authority:

(State full name, mailing address, phone number /s Fax no., email address)

Paul Graham

Phone numbers:

Landline 09 407 9666 Mobile 021 599 645
Daytime 09 407 9666 A/hours 021 599 645
Email / Web address: paul@homekerikeri.co.nz

Application


I request that you issue a building consent for the building work described in this application.

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.

Signature of owner:

na

or
Agent on behalf of and with the authority of the owner:



Date:

The Person / Organisation responsible for invoice payments for this consent:

Owner / Applicant Agent Other _____

The Project

Description of the building work:

Installation of ECO Trend Insert firebox & flue kit

Will the building work result in a change of use of the building? Yes No

If Yes, provide details of new use: _____

Intended life of the building if less than 50 years: _____ years

List building consents previously issued (if any): na

Estimated value of 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)

\$ 4,000.00

Building Consent

The building work will comply with the building code as follows:

| Clause (List relevant clause number of the building code) | Means of Compliance (circle the relevant compliance document(s) or detail of alternative solution in the plans and specifications) | Waiver / modifications required (state nature of waiver or modification of building code) |
|--|---|---|
| B1 Structure | B1/AS2 NZS3604 NZS4203 NZS4229 | |
| B2 Durability | B2/AS1 NZS3101 NZS3602 NZS3604 | |
| C1-C2-C3-C4 Fire | C1/AS1 C2/AS1 C3/AS1 C4/AS1 | |
| E2 External Moisture | E2/AS1 Specific Design | |
| F7 Warning systems | F7/AS1 NZS4512 NZS4515 AS/NZS1668 | |
| G10 Piped services | G10/AS1 AS/NZS3500.2 AS/NZS 3500.5 | |
| G11 Gas and energy source | G11/AS1 | |
| G12 Water supplies | G12/AS1 | |

Attachments

The following documents are attached to this application:

Plans and specifications

All plans and specifications must meet the minimum requirements set out in the Regulations or required by the building consent authority as set out below

Application checklist

Please ensure that your application contains **TWO sets** of the following information applicable to the proposed building work.

| | |
|---|---|
| <p>Plans (A4 or A3) and specifications (A4) must reach the FNDC minimum standard of documentation requirement. (Stated below)</p> <ul style="list-style-type: none"> o Plans to be of a high professional standard preferably CAD (no colour drawings) o Each plan must contain drawing number, title, designers name, owners name, address, date and version controlled o Specifications must be relevant o Producer statements must be site specific and signed by persons of competence o Certificates of design must be signed and supplied by Practitioners (LBP) of competence | |
| <p>Floor plans for each level - scale: 1: 50 include:</p> <ul style="list-style-type: none"> o location of smoke detectors o location of solid fuel heating appliance | <p>Construction details - scale 1: 5 include:</p> <ul style="list-style-type: none"> o flashing details / penetrations o interface between elements / materials o fire separation / penetration |
| <p>Truss / rafter plan - scale: 1: 100 - include:</p> <ul style="list-style-type: none"> o location of members o fixing and framing details of flue penetration o lintels and framing | <p>Site specific specifications – identify:</p> <ul style="list-style-type: none"> o technical work sections o Schedule of materials and manufacturers specs. o method of compliance |
| <p>Plumbing and drainage layout - include:</p> <ul style="list-style-type: none"> o identify fixtures, waste and vent pipe sizes o fixings, materials, potable water identified | |
| <p>This application has been vetted and checked for completeness, the application contains the plans and specifications necessary for acceptance and further technical assessment.</p> <p>Residential <u>1</u></p> <p>The vetting date for receipt is <u>6/8/14</u> Signed <u>J. Bugeo</u></p> | |
| <p>Submit your application</p> | |

- o **Post your completed application form to –**
The Building Manager
Far North District Council
Private Bag 752
Kaikohe 0440
- o **Make an appointment –**
To avoid delays and to have your application checked for completeness, call 0800 920 029 to make an appointment with a Vetting Officer at either the Kerikeri or Kaitaia Service Centre.
- o **Drop your completed application form in at one of our Service Centres –**

| | |
|--|--|
| Kaikohe Service Centre Memorial Avenue <u>KAIKOHE</u> | Kaeo Service Centre Main Road <u>KAEO</u> |
| Kawakawa Service Centre Gillies Avenue <u>KAWAKAWA</u> | Kaitaia Service Centre cnr Church & South Roads <u>KAITAIA</u> |
| Kerikeri Service Centre John Butler Centre <u>KERIKERI</u> | |

Private Bag 752, Memorial Ave, Kaikohe 0440, New Zealand, Freephone: 0800 920 029,
Phone: (09) 401 5200, Fax: 401 2137, Email: ask.us@fndc.govt.nz, Website: www.find.govt.nz



**Far North
District Council**

Rate Invoice
01 July 2014 to 30 June 2015
Instalment 1 of 4

**NORTHLAND
REGIONAL
COUNCIL**



Garry John Clarke and Elizabeth Dagmar
Clarke and
CR Trustees Limited
PO Box 123
Rawene 0443

| Rate Account Number: RTZ 5011809-0 | |
|--|-------------------------------|
| Valuation Number: | 00611-08300 |
| Location: | 10 Marmon Street, Rawene 0443 |
| Legal Description: | Lot 1 DP 432156 |

Rates Tax Invoice/Credit Note
GST No: 52-004-926

All rates are GST inclusive except for penalties charged
Invoice Date: 20 July 2014

| | | |
|----------------------|----|---------------|
| TOTAL DUE NOW | \$ | 560.36 |
| Due Date | | 20 Aug 2014 |

| | | | |
|---------------------|--------------------------|----|-----------------|
| Annual Rates | Includes GST of \$353.36 | \$ | 2,709.13 |
|---------------------|--------------------------|----|-----------------|

ACCOUNT BREAKDOWN Combined Total
FNDC/NRC

| | | |
|--|----|----------------------|
| Opening Balance | \$ | 0.00 |
| Previous Years Rates (including penalties) | \$ | 0.00 |
| Previous instalments this year | \$ | 0.00 |
| Penalties incurred this year | \$ | 0.00 |
| Remissions | \$ | 0.00 |
| Adjustments | \$ | 0.00 |
| Payments* (including rebates) | \$ | 116.88 ^{CR} |
| Current Instalment (Includes GST of \$88.34) | \$ | 677.24 |
| TOTAL DUE NOW | \$ | 560.36 |

| | | |
|--|----|-----------------|
| Amount to clear your total rates to 30 Jun 2015 | \$ | 2,592.25 |
|--|----|-----------------|

*Recent payments may not be included in this invoice

Call us on
09 401 5200
OR
0800 920 029

Or visit our
website
www.fnfdc.govt.nz



Is your income low?
Do you live at the property?
You could get up to \$605.00 off your rates!
Enquire about our Rates Rebate

Having trouble meeting your payments?
Enquire about our "Rates Easy Pay" programme,
designed to take the stress out of paying

Did you know Far North District Council collect on behalf of Northland Regional Council?

Contact us today

A 10% PENALTY will be added to any portion of THIS INSTALMENT that remains unpaid after the DUE DATE
Any rates outstanding for any previous rating year that remains unpaid on 1 September 2014 and 1 March 2015 will incur an additional 10% penalty.



**Far North
District Council**

Rate Account: RTZ 5011809-0

You have a direct debit arrangement with Council to pay your rates. Unless we receive instructions to the contrary, your bank account will be debited in accordance with the schedule shown alongside.

If you wish to cancel a direct debit, please give us at least two days written notice prior to the direct debit payment date.

| Direct Debit Payment Schedule | | | |
|-------------------------------|---------|-----------|---------|
| Date | Amount | Date | Amount |
| 21-Jul-14 | \$38.96 | 1-Sep-14 | \$52.38 |
| 28-Jul-14 | \$38.96 | 8-Sep-14 | \$52.38 |
| 4-Aug-14 | \$52.38 | 15-Sep-14 | \$52.38 |
| 11-Aug-14 | \$52.38 | 22-Sep-14 | \$52.38 |
| 18-Aug-14 | \$52.38 | 29-Sep-14 | \$52.38 |
| 25-Aug-14 | \$52.38 | 6-Oct-14 | \$52.38 |



M13-PS3497 L014008

| | | | | | |
|-------------|----------|---|-------------|------------------|---------|
| Date | 06/08/14 | | Consent no. | BC 2015-137 | |
| Residential | 1 | 2 | 3 | Building Officer | MALCOLM |

Key: Y = Approved N = Not approved N/A = Not applicable

| Item checked check building application form 2 for the following | | | | | |
|---|---|---|---|---|-----------------------|
| Project value checked | A | N | N/A | Square meter rate | 4000 |
| Quality of Documents | A | N | N/A | A3 plans A4 specs | OK |
| Description of work | A | N | N/A | Fit for purpose and correct | inbuilt fire |
| Specific design | A | N | N/A | Manufacturer's specifications / design required | |
| Specifications | A | N | N/A | Specifications must be relevant to project | |
| Is a CPU necessary? | A | N | N/A | Public use of the area | |
| PIM issues Has the Pim been issued and are there any considerations needed in the building processing | | | | | |
| Section 72 (hazards) | A | N | N/A | | |
| Section 75 (2 lots) | A | N | N/A | | |
| Heritage site / building | A | N | N/A | | |
| General | | | Comments (describe how compliance achieved) | | |
| Type of appliance | A | N | N/A | In-built unit | Free-standing Outdoor |
| | | | | Central heating | Other: |
| Fuel | A | N | N/A | Gas | Wood Other: |
| Make / Model | A | N | N/A | Metro insert | |
| FNDC / NRC requirements met | A | N | N/A | >2.0ha | |
| Location plan (floor or site plan) | A | N | N/A | | |
| In-built unit (condition of chimney ok) | A | N | N/A | | |
| Open fires (hearth clearances) | A | N | N/A | | |
| Chimney design (B1/AS3) | A | N | N/A | | |
| General | | | Comments (describe how compliance achieved) | | |
| Chimney framing – H3.1 | A | N | N/A | | |
| Chimney additional wall bracing required | A | N | N/A | | |
| Chimney flashing detail | A | N | N/A | | |
| Chimney restraint shown on drawings | A | N | N/A | | |

| | | | | | |
|--|---|---------------------------|---|--------------|---|
| | Seismic restraint fitted | <u>A</u> | N | N/A | |
| | Flue (clearances from combustible materials) | <u>A</u> | N | N/A | |
| | Manufacturer's specification provided | <u>A</u> | N | N/A | |
| | Wet back installed (low pressure HWC) | A | N | <u>N/A</u> | |
| | Wet back | A | N | <u>N/A</u> | copper pipe specified |
| | All penetrations through cladding / roof detailed | A | N | <u>N/A</u> | Flashings Pitch product used |
| | Installer's certificate required? | A | N | <u>N/A</u> | PS3 for wetback |
| | Gas certificate of compliance required? | A | N | <u>N/A</u> | |
| | Electrical certificate of compliance required? | A | N | <u>N/A</u> | |
| Other | | | | | Comments (describe how compliance achieved) |
| | Smoke alarms installed | <u>A</u> | N | N/A | x2 |
| Conditions Required on Building Consent | | | | | |
| | Section 67 | A | N | <u>N/A</u> | Waivers and Mods |
| | Section 72 | A | N | <u>N/A</u> | Natural Hazards |
| | Section 75 | A | N | <u>N/A</u> | two or more allotments |
| | Section 90 ¹ | <u>A</u> | N | N/A | Inspection checklist filled in for project and completed |
| | Section 113 | <u>A</u> | N | N/A | Specified intended life Only for projects under the 50yrs |
| Communications: | | | | | |
| Type = letter E = email T = telephone F = facsimile I = in person | | | | | |
| Date / Time | Type | Officer's initials | Summary of dialogue, requests for information, etc | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Decision: | | | | | |
| RFI: | Name: | Signature: | | Date: | |
| <u>Granted</u> ¹ Refused [Circle] | Marcum | M. Marcum | | 06/08/14 | |

¹ I am satisfied on reasonable grounds that building application, plans and specifications have shown compliance with the New Zealand Building Code.

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Type of Inspections Required for Building Consent No: BC 2015-137

| | | | |
|--|------|---|---|
| 205 | 0.5 | Site Inspection | This inspection is carried out at the PIM stage and is already completed prior to issue of Building Consent (<i>do not call for a site inspection</i>) |
| PIM / BC Conditions Identified and Agent/Owner made aware | | | |
| 208 | 0.75 | Foundations <i>slab or wall concrete strip foundations</i> | Boundaries are to be defined and foundations excavated, reinforcing placed as required. Depth/width of excavations, steel size, laps ties clearances ground bearing to be checked. |
| 209 | 0.75 | Footings <i>pile or posts</i> | Boundaries are to be clearly defined. Pile and/or post holes to be drilled/dug to required depth, cleaned and correct size. Depth/width of holes, ground bearing (ie firm original clay) anchor or bracing components identified, to be checked. |
| 212 | 0.5 | Slab drainage <i>concrete floors</i> | All sub floor drainage to be completed, and junctions exposed. Inspection to be carried out while under water test |
| 213 | 0.75 | Slab <i>concrete floors</i> | All slab steel, underlay, penetrations wrapped, thickenings and point loads, formwork complete. Please have a string line taugt across slab for ready thickness check |
| 214 | 0.5 | Tilt Slabs | All Formwork complete. All steel in place, tied and on chairs. All welding plates lifting eyes as per engineer design. |
| 217 | 0.5 | Sub floor <i>timber floor</i> | Bearer support, fixings, and size, and joist span, support, fixings and size, and brace size, location, fixings to be complete (if this is carried out before the floor is laid it is useful). Decks – all fixings to be stainless steel. |
| 221 | 0.75 | Bond Beam | Any block work with bond beams or fill to be complete with steel correctly placed and if over 1200mm high washouts at the base of each starter |
| 222 | 1.00 | Framing | All framing to be completed, all bottom plate, stud to top plate, truss fixings, strapping diagonal braces, purlin fixings to be checked prior to building wrap or roof install |
| 223 | 0.5 | Flashing/Wrap | All building wrap and flashing tape to be completed, roof can be installed by this stage |
| 224 | 0.75 | Cavity | Check of Flashings and Battens to Cavity systems prior to cladding being installed / fitted |
| 225 | 0.5 | Brick Veneer | Bricks half completed, brick tie spacing, slope, type checked, cavity width window flashings (dpc) checked |
| 226 | 0.5 | Exterior Cladding | |
| 229 | 1.00 | Preline | Cladding completed windows installed, building completely weather tight, pre-wire, pipe-out (see <i>preline plumbing</i>) wastes and soil stacks, vents and insulation complete. |
| 230 | 0.5 | Fireplace Chimney | Chimney to be inspected prior to the fire being installed (In Built) |
| 233 | 0.5 | Preline Plumbing <i>often part of preline</i> | All plumbing to be complete and mixers bypassed, outlets plugged and entire system to be under 1500kpa (250psi) pressure test for not less than 30 minutes, Pressure gauge to be on the line at time of inspection and under the above pressure |
| | 0.75 | Post Line | When Internal linings (gib) is installed and all bracing elements correctly fastened, fastening type and spacing to be inspected. All fastening to be exposed, no stopping skirting, scotia etc to be covering fasteners |
| 241 | 0.75 | Drainage | An inspection of all foul water, storm water drains, septic tanks, effluent fields, sewer connections is to be carried out when drains are completed prior to back filling all foul water lines to be under static water test at time of inspection As built plan of drainage to be provided |
| 245 | 0.5 | Septic Tank | Septic Tank installed. Effluent systems completed and/or planted. Asbuilt plan of drainage required at time of inspection. |
| 248 | 0.5 | Swimming Pool Fence | The pool fence and gates must meet the requirements of the Swimming Pool and Fences Act 1987 |
| 304 | 1.00 | Final – Heating Appliance | Required when appliance has been installed in strict compliance with the manufacturers instructions and NZ Building Code |
| 305 305-COA 305-EFF 305-SEWER | 1.00 | Final – Building (Code Compliance Certificate inspection) | All work to be completed, all specified inspections on inspection sheet passed by an FNDC building officer, and all work complying to consented plans. (This may require landscaping against building to be complete also). All required documentation to be provided, see below. Development levies to be paid prior to issue of CCC if applicable |
| 501 | | As built drainage plan | This plan shows the location of drains laid, inspection, gullies, depth of connections, with distances off boundaries or buildings to enable accurate relocation of services in the future |
| 502 | | Producer statements | As required by either the consent or BCA officer for work such as water proof membranes, or specialist installations |
| 503 | | Other documentation | As required. Copies of Electrical certificates, or Gas certificates included |

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