


APPLICATION

Employee Name		 *001*
Property ID	33	
Building Consent Number	BC -	



For Council Use

Received:

FORM 6

Application for Code Compliance Certificate

Section 92, Building Act 2004

The Building Consent

Building consent number: BC-2017-1287/0
Issued by: Far North District Council

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

Property Address: 8121 State Highway 12, Kaikohe 0473
Name of Owner: Haydn Paul Hutching and Mary Florence Hutching
Contact Person:
Mailing Address:
Street Address / Registered Office:
Phone numbers: Landline 09 4058 480
Mobile: 0211 2969 86
Daytime: 09 4058 480 A/hours: ✓
Fax:
Email Address: hutchdog62@gmail.com

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

4/7/2017 (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 Far North District Council.

The Code Compliance Certificate should be sent to:

State name:

State address:

Signature of owner:

or

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

Date: 3.05.2018

Haydn Hutching
821 State Highway 12, Waiwhatawhata.
[Signature]

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

Owner / Applicant	<input checked="" type="checkbox"/>	Agent	<input type="checkbox"/>	Other	<input type="checkbox"/>
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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: <i>Bay Plumbing Services</i>	
Address:		Address: <i>PO Box 99, Waiwaka 0245</i>	
Daytime:	After hours:	Daytime:	After hours: <i>mess @ bay plumbing services 0.12</i>
Mobile:	Fax:	Mobile: <i>0276 646 660</i>	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:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Registration No:		Registration or LBP Registration No:	

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