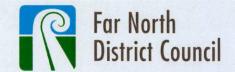
(Landared 17.7/12 rd:00am

## **APPLICATION**

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



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 hav	e 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 / Register	ed Office:		
Phone numbers:	Landline	09 4058 490	
	Mobile:	0211296986.	
	Daytime:	09 4058 480 A/hours:	
	Fax:		
	Email Address:	hutchdog be @ granil.com	
The following evidence of If the Owner is a Company, Tr			
Certificate of Title 6 months old or less	Agreement for S and Purcha		

Agent (delete this section	on it the application is not b	being made on behalf of the owner)
Name of the agent: (Only required if application is boon behalf of the owner)	eing made	
Contact person:		
Mailing address / regist	ered office:	
Phone numbers:	Landline	Mobile:
	Daytime:	A/hours:
	Email / Web Address:	
Relationship to the Owr (State details of the authorisation Owner to make the application behalf)	on from the	
First point of contact fo with the council / buildin (State full name, mailing address Fax no., email address)	ng consent authority:	
Phone numbers:	Landline	Mobile:
	Daytime:	A/hours:
	Email / Web Address:	
Application		
All building work to be	carried out under the abo	ove building consent was completed on
I request that you issue Act 2004.	a Code Compliance Cert	tificate for this work under section 95 of the Building
		edge, the information given in this application is true ual and reasonable application costs incurred by the Fa
The Code Compliance C	Certificate should be sen	t to:
State name:	Hu	odn Hutching
State address:	8121	Thate High want 12 Wai whatandrata
Signature of owner:	11/	
or	W	the lat
Signature of Agent on b		
with the authority of the Date: 3.05.20		
J. 05. 20		
The Person / Organisati	on responsible for invoice	ce payments for this consent:
Owner / Applicant	Agent	Other

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

Designer or Architec	ot .	<b>Builder / Carpentry W</b>	ork
Business / Name:		Business / Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Regist	ration No:	Registration or LBP Registra	ation No:
Drainlayer		Plumber	
Business / Name:		Business / Hame:	Services.
Address:		Address 99 Wai papa 0245	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile: 646660	Fax:
Registration or LBP Regist	ration No:	Registration or LBP Registra	ation No:
Structural Engineer		Electrician	
Business / Name:		Business / Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Regist	ration 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 Regist	ration 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 Regist	ration No:	Registration or LBP Registra	ation No:
External Plastering		Roofing work	
Business / Name:		Business / Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
Registration or LBP Regist		Registration or LBP Registra	ation No:
Head Contractor /-Si Business / Name:	te <del>Manage</del> r	Other Business / Name:	
Address:		Address:	
Daytime:	After hours:	Daytime:	After hours:
Mobile:	Fax:	Mobile:	Fax:
		Registration or LBP Registra	
Registration or LBP Registration No:		Registration of LDF Registra	auon 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 performant Standards set out in the building consent:  Delete if inapplicable	nce

#### 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** 

Kaeo Service Centre Main Road

**KAEO** 

Kaitaia Service Centre cnr Church & South Roads

**KAITAIA**