



# Application for Code Compliance Certificate

## Section 92, Building Act 2004

<b>Keys</b>	<b>Checked and complies</b> ✓	<b>Checked and does not comply</b> ✘	<b>Not Applicable</b>
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<b>BC no</b> _____	<b>Issued by</b> Whangarei District Council
<b>Street address of building work</b> _____	

### 1 OWNER DETAILS

Full name of owner _____	
Contact person <i>(If the applicant is not an individual)</i> _____	
Mailing address _____	
_____	Post Code
Street address/registered office _____	
Landline _____	Mobile _____
Daytime _____	After hours _____
Fax no _____	Email/Website _____

### WDC Office use - The following evidence of ownership is attached to the application (✓ one or more)

Copy of Certificate of Title <input type="checkbox"/>	Copy of Certificate of Title already on file <input type="checkbox"/>	Lease <input type="checkbox"/>	Agreement for sale of purchase <input type="checkbox"/>
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**Complete Section 2 if the application is being made on behalf of the owner and the agent has changed since the application for the building consent was made and Whangarei District Council has not been notified previously in writing.**

### 2 AGENT DETAILS

Full name of agent _____		
Contact person <i>(If the agent is not an individual)</i> _____		
Mailing address _____	Post code _____	
Street address/registered office _____		
Landline _____	Mobile _____	Daytime _____
After hours _____	Website _____	
Email _____	Relationship to owner _____	
Name of person signing <i>(Please print)</i>	Date	Signature of agent

### 3 APPLICATION

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

(Enter date of practical completion)

#### The Licensed Building Practitioner(s) (LBP'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 Building Act 2004)	Particular work carried out or supervised

#### The personnel who carried out the building work other than restricted building work are as follows: (names addresses, phone numbers, registration numbers (where relevant) - continue on a separate sheet if necessary.)

Key personnel (Please indicate the key personnel involved in this project)

##### Architect

Name \_\_\_\_\_ Reg no \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone no \_\_\_\_\_ Mobile no \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_

##### Licensed certifying plumber

Name \_\_\_\_\_ Reg no \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone no \_\_\_\_\_ Mobile no \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_

Licensed certifying drain layer	
Name _____	Reg no _____
Address _____	
Phone no _____	Mobile no _____
Email _____	Website _____

Engineer	
Name _____	Reg no _____
Address _____	
Phone no _____	Mobile no _____
Email _____	Website _____

Licensed certifying gas fitter	
Name _____	Reg no _____
Address _____	
Phone no _____	Mobile no _____
Email _____	Website _____

Registered electrician	
Name _____	Reg no _____
Address _____	
Phone no _____	Mobile no _____
Email _____	Website _____

Other	
Name _____	Reg no _____
Address _____	
Phone no _____	Mobile no _____
Email _____	Website _____

Other	
Name _____	Reg no _____
Address _____	
Phone no _____	Mobile no _____
Email _____	Website _____

  

Other	
Name _____	Reg no _____
Address _____	
Phone no _____	Mobile no _____
Email _____	Website _____

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent: <i>[list specified systems]</i> Please include documentary evidence to demonstrate how the specified system will perform to the standards detailed in the Building consent.					
Compliance schedule		Please ✓			Please ✓ Evidence of performance attached
		Amended	Added	Removed	
Complete this section only if applicable		Amended	Added	Removed	Evidence of performance attached
1	Automatic systems for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3/1	Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3/2	Access control doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3/3	Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Riser mains for fire service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Automatic back-flow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8/1	Passenger carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8/2	Service lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8/3	Escalators and moving walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Building maintenance units for providing access to exterior & interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/1	Audio loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/2	FM radio frequency systems and infrared beam transmission systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13/1	Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13/2	Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13/3	Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14/1	Emergency power for a system or feature specified in any of clauses 1 to 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14/2	Signs relating to a system or feature specified in any of clauses 1 to 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Any/all of the following systems & features, as long as they form part of a building's means of escape from fire, & as long as those means also contain any or all of the systems or features specified in clauses 1 to 6, 9 & 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/1	Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/2	Final exits (as defined by clause A2 of the building code)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/3	Fire separations (as so defined)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/4	Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15/5	Smoke separations (as so defined)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Cable Cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I request that you issue a Code Compliance Certificate for this work under section 95 of the Building Act 2004  
 Building consent no \_\_\_\_\_ (for the building work described in this application)

I confirm that all documentation detailed below is attached to this application

**The Code Compliance Certificate to be sent to**

Owner       Agent

**Note** It is WDC policy to send a copy to both the agent and owner when application has been made by an agent

**Invoices for any balances to be forwarded to**

Owner       Agent

\_\_\_\_\_  
 Name of person signing  
*(Please print)*

\_\_\_\_\_  
 Signature  
*(Owner/Agent on behalf of, and with authority of the Owner)*

\_\_\_\_\_  
 Date

**Attachments**

The following documents are attached to this application:

( ) Memoranda (Records of Building Work) from licensed building practitioner(s) stating what restricted building work they carried out or supervised

- Other Documents from the personnel who carried out the work
- 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

**To be completed by building compliance officer**

I have reviewed the information on this form and confirm that it can be accepted.

\_\_\_\_\_  
 Name of person signing  
*(Please print)*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date