

# WHANGAREI DISTRICT COUNCIL

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Creating the ultimate living environment

## Building Act 2004

### Application for Project Information Memorandum (PIM) Building Consent (BC) Certificate of Acceptance (COA)

This form should be used to make application for

- Project Information Memorandum (PIM)** Section 33 of The Building Act 2004
- Building Consent (BC)** Section 45 of The Building Act 2004
- PIM & BC** Section 31(1)(a) of The Building Act 2004
- Certificate of Acceptance (COA)** Section 97 of The Building Act 2004
- MultiProof Consent** Building Amendment Act 2009  
If yes, enter MultiProof Certificate Number \_\_\_\_\_

PIM No \_\_\_\_\_ LLP No \_\_\_\_\_ PID No \_\_\_\_\_  
Valuation Roll Number \_\_\_\_\_

#### 1 The Building *(See Guidance Note 1)*

Street address of building \_\_\_\_\_  
Legal description of land Lot \_\_\_\_\_ DP \_\_\_\_\_ Area (ha) \_\_\_\_\_  
Building name \_\_\_\_\_ Number of levels \_\_\_\_\_  
Location of building within site/block No \_\_\_\_\_  
Level/unit number \_\_\_\_\_ Year first constructed \_\_\_\_\_ Total floor Area \_\_\_\_\_  
Current lawfully established use *(include number of occupants per level and per use if more than 1)* \_\_\_\_\_

#### 2 Owner *(See Guidance Note 2)*

Office Use Only \_\_\_\_\_

Full name of owner *(Mr/Mrs/Miss/Ms/Dr)* \_\_\_\_\_  
Contact person *(if different)* \_\_\_\_\_  
Postal address of owner \_\_\_\_\_  
Street address/Registered office \_\_\_\_\_  
Phone no landline \_\_\_\_\_ Mobile no \_\_\_\_\_  
Fax no \_\_\_\_\_ Website \_\_\_\_\_  
Email \_\_\_\_\_  
The following evidence of ownership is attached to the application *(specify)*  
\_\_\_\_\_

#### 3 Agent *(See Guidance Note 3)*

Office Use Only \_\_\_\_\_

Full name of agent \_\_\_\_\_  
Contact person \_\_\_\_\_  
Postal address \_\_\_\_\_  
Street address/Registered office \_\_\_\_\_  
Phone no landline \_\_\_\_\_ Mobile no \_\_\_\_\_  
Fax no \_\_\_\_\_ Website \_\_\_\_\_  
Email \_\_\_\_\_

**Declaration (See Guidance Note 3)**

I/we give authority for the person named as agent to act in that capacity on my/our behalf in connection with all matters pertaining to this application

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Or  Letter Received

**4 First point of contact for communication with the council/building consent authority**

Owner

Agent

**Note: Contact details must be in New Zealand**

**5 I/we request that you issue a:**

Project Information Memorandum

Project Information Memorandum & Building Consent

Building Consent

(for the building work described in this application)

Certificate of Acceptance (provide date building work undertaken)

Date \_\_\_\_\_

Owner

Agent on behalf of and with the authority of the owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

**6 The Project**

6.1 Description of the building work (See Guidance Note 4.1)

\_\_\_\_\_  
\_\_\_\_\_

6.2 Intended use

\_\_\_\_\_  
\_\_\_\_\_

6.3 Will the building work result in a change of use of the building?

No

Yes

If yes, provide details of the new use

\_\_\_\_\_

**7 What is the Intended Life of the Project (See Guidance Note 4.2)**

Not less than 50 years

Under 50 years, specified as \_\_\_\_\_ years

**8 List building consents previously issued for this project (if any)**

1 \_\_\_\_\_

2 \_\_\_\_\_

**9 Project Size and Value** *(See Guidance Note 4.3)*

Ground floor area of project \_\_\_\_\_ Estimated value of building work \$ \_\_\_\_\_

Upper floor area of project \_\_\_\_\_ Total floor area of project \_\_\_\_\_

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**10 This Application is in Relation to (please ✓ box)** *(See Guidance Note 4.4)*

Domestic     Commercial     Industrial     Multi storey    Number of levels \_\_\_\_\_

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**11 What is the Nature of the Consent?** *(See Guidance Note 4.5)*

New Building exclude domestic garages and domestic outbuildings

Foundations only

Alterations, repairs, extensions, conversions, re-siting, installation of heating appliances & plumbing & drainage only

Other new construction and demolition

Plumbing and drainage only includes on-site effluent disposal

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**12 Staged Consents**

Is this a staged project? *(See Guidance Note 4.6)*

Yes     No    If yes, is stage \_\_\_\_\_ of an intended \_\_\_\_\_ stages

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**13 Vehicle Crossing** *(See Guidance Note 1)*

Is a vehicle crossing required for the project     Yes     No

If yes, Application No (if already applied for) \_\_\_\_\_

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**14 Public Utility Connections Required** *(See Guidance Note 5)*

Is this application subject to a utility connection application? (Drainage, water connection or water meter installation)

Yes Application No (if already applied for) \_\_\_\_\_     No – Existing connections in place     N/A

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**15 Project Information Memorandum**

The following matters are involved in the project:

Sub division

Alterations to land contours

New or altered connections to public utilities

New or altered locations and/or external dimensions of buildings

New or altered access for vehicles

Building work over or adjacent to any road or public place

Disposal of stormwater and wastewater

Building work over any existing drains or sewers or in close proximity to wells or water mains

Other matters known to the applicant that may require authorisations from the territorial authority *(specify)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# **Office Use Only**

**Place Pro Forma Invoice Here**

**16 Specific Fire Design (See Guidance Note 6)**

Does the project involve a specific fire design  Yes  No

I understand that this application will be forwarded to the New Zealand Fire Service and agree to meet any and all costs incurred by council in connection with this

**Signature of**

Owner  Agent on behalf of, and with the authority of the owner

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Date

**17 Code Clauses (See Guidance Note 7)**

The Building Work will comply with the Building Code as Follows:

Clause <i>(which of the following clauses will be involved in the proposed work?)</i>	Means of Compliance <i>(refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications)</i>	Waiver / modification required <i>(state nature of waiver or modification of building code required)</i>
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS2 <input type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4203 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS3101 <input type="checkbox"/> NZS3602 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> C1 - 4 Fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1 <input type="checkbox"/> NZS4121 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> D2 mechanical Installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> NZS4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZS3500.3 <input type="checkbox"/> EN115 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design & testing <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> E3 Internal Moisture	<input type="checkbox"/> E3/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> F2 Hazardous Building materials	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS4223 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> F3 Hazardous substances and processes	<input type="checkbox"/> F3/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> F6 Emergency Lighting	<input type="checkbox"/> F6/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> NZS4512 <input type="checkbox"/> NZS4515	

	<input type="checkbox"/> EN115 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> F8 signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G3 Food preparation & prevention from contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G4 ventilation	<input type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G5 Interior Environment	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G6 Airborne and Impact sound	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G8 Artificial Light	<input type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS6703 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS5261 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> AS/NZS3500.5 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G13 Foul Water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> BS5572 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G14 Industrial liquid Waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> G15 Solid Waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Other (Specify)_____	
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> <input type="checkbox"/> NZS4214 <input type="checkbox"/> Other (Specify)_____	

**18 Compliance Schedule (See Guidance Note 7)**

- ♦ Does this building have an existing compliance schedule  Yes  No  
If yes, compliance schedule number \_\_\_\_\_
- ♦ If yes, will this project amend, add or remove any specified systems  Yes  No  N/A
- ♦ Will this project result in a new compliance schedule being required for this building  Yes  No

Please indicate below all specified systems that will be amended, added or removed as a result of this project

		Amended	Added	Removed
<input type="checkbox"/> 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 and 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, so 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"/>

**19 Key Personnel** *(See Guidance Note 9)*

Please indicate the Key Personnel involved in this project

**Designer**

Name \_\_\_\_\_ Reg No \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_ Website \_\_\_\_\_

**Engineer**

Name \_\_\_\_\_ Reg No \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_ Website \_\_\_\_\_

**Builder**

Name \_\_\_\_\_ Reg No \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_ Website \_\_\_\_\_

**Registered Drain Layer**

Name \_\_\_\_\_ Reg No \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_ Website \_\_\_\_\_

**Registered Plumber**

Name \_\_\_\_\_ Reg No \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_ Website \_\_\_\_\_

**Registered Electrician**

Name \_\_\_\_\_ Reg No \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_ Website \_\_\_\_\_

**Registered Gas Fitter**

Name \_\_\_\_\_ Reg No \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_ Website \_\_\_\_\_

<b>Other</b>		
Name	_____	Reg No _____ Email address _____
Address	_____	
Phone No	_____	Mobile No _____ Website _____
<b>Other</b>		
Name	_____	Reg No _____ Email address _____
Address	_____	
Phone No	_____	Mobile No _____ Website _____
<b>Other</b>		
Name	_____	Reg No _____ Email address _____
Address	_____	
Phone No	_____	Mobile No _____ Website _____
<b>Other</b>		
Name	_____	Reg No _____ Email address _____
Address	_____	
Phone No	_____	Mobile No _____ Website _____
<b>Other</b>		
Name	_____	Reg No _____ Email address _____
Address	_____	
Phone No	_____	Mobile No _____ Website _____
<b>Please complete the checklist at the end of this form to indicate the plans and specifications attached to this application</b>		

**If you require assistance in completing this form,  
please make contact with your nearest WDC Service Centre  
0800 WDC INFO (0800 932 463)**

**If you require assistance of a technical nature,  
please make an appointment with a building officer by telephoning 09 430 4244  
The first half hour of this service is provided without charge**

# Application for Project Information Memorandum (PIM) and/or Building Consent (BC) Checklist

For All Applications			
Applicant Use		Office Use	
Yes	N/A	Checked	
<input type="checkbox"/>		<input type="checkbox"/>	Have all questions on the form been fully completed
<input type="checkbox"/>		<input type="checkbox"/>	Is a certificate of title attached
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a sale & purchase agreement attached
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a MultiProof Certificate been supplied
Application for PIM, PIM/BC, COA			
1 Does the Site Plan show			
<input type="checkbox"/>		<input type="checkbox"/>	An appropriate scale
<input type="checkbox"/>		<input type="checkbox"/>	Legal description of property
<input type="checkbox"/>		<input type="checkbox"/>	Site area of property in m <sup>2</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private drainage
<input type="checkbox"/>		<input type="checkbox"/>	Existing and proposed buildings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topography showing contours at 1m increments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dimensions and m <sup>2</sup> of all existing & proposed buildings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance from boundaries of all existing & proposed buildings
<input type="checkbox"/>		<input type="checkbox"/>	North point
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining walls
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking & vehicle access
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water meter N/A PIM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer connections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water source N/A PIM
2 Does the Floor Plan show for PIM, PIM/BC, COA			
Yes	N/A	Checked	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proposed use of each room
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room dimensions– N/A Residential PIMS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixtures & fittings
3 Do the elevations show for PIM, PIM/BC, COA			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall cladding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof pitch – N/A PIM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finished floor levels

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Height in relation to boundary
<input type="checkbox"/>		<input type="checkbox"/>	Maximum building height
Building Consent & COA Documentation			
4 Does the foundation plan show			
- For Timber floors			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dimensions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pile size, centres
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Footing size
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bracing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joists and bearers
- for Concrete floors			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dimensions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mesh, size
5 Plans and Specifications			
The following plans and specifications are enclosed			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Framing Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific truss design calculation and producer statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical Reports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E2 Risk Matrix
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cross Sections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Layout
Structural Engineering			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a signed Producer Statement?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Engineering Report/ Calculations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are copies of calculations included
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has engineer/designer endorsed all submitted plans
Specifications			
<input type="checkbox"/>		<input type="checkbox"/>	Correct number of sets supplied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bracing Calculations
Other Supporting Information (specify)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If commercial see Guidance note 4.7
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

I confirm that all of the documentation detailed in this check sheet is attached to this application

\_\_\_\_\_  
Signature of owner/agent on behalf of and with the authority of the owner

**Office Use Only**

Application not Accepted

Reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Customer Service Representative

\_\_\_\_\_  
Date

Application accepted

Receipt Number \_\_\_\_\_ Fees Received \$ \_\_\_\_\_

\_\_\_\_\_  
Customer Service Representative

\_\_\_\_\_  
Date