

Application for Code Compliance Certificate – Form 6

Section 92, Building Act 2004

Key **Checked and complies** ✓ **Checked and does not comply** ✗ **Not Applicable** N/A

BC no _____ Issued by Whangarei District Council

Street address of building work _____

1 Owner details

Full name of owner _____

Contact person _____
(if the applicant is not an individual)

Mailing address _____
Postcode _____

Street address / registered office _____

Landline _____ Mobile _____

Daytime _____ After hours _____

Email _____

Website _____

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

☐ Copy of Certificate of Title

☐ Copy of Certificate of Title already on file

☐ Lease

☐ Agreement for sale of purchase

Complete Section 2 if the application is being made on behalf of the owner

2 Agent details

Full name of agent _____

Contact person _____
(if the agents is not an individual)

Mailing address _____
Postcode _____

Street address / registered office _____

Landline _____ Mobile _____

Daytime _____ After hours _____

Email _____

Website _____

Relationship to owner _____

Name of person signing
(Please print)

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: [list specified systems].

Please include documentary evidence to demonstrate how the specified system will perform to the standards detailed in the Building Consent.

Compliance schedule		Please ✓			Please ✓
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"/>

Compliance schedule		Please ✓			Please ✓
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 and features, as long as they form part of a building's means of escape from fire, and 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)

 Name of person signing
 (Please print)

 Date

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

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 Council 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)

Date

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

Attachments

The following documents are attached to this application:

- ☐ Other Documents from the personnel who carried out the work
- ☐ Memoranda (Records of Building Work) from licensed building practitioner(s) stating what restricted building work they carried out or supervised
- ☐ Certificates that relate to the energy work
- ☐ Current manufacturer's certificate, if applicable
- ☐ Evidence that specified systems are capable of performing to the performance standards set out in the building consent.