

## Building Act 2004

### Form 8 - Application for Certificate of Acceptance

LLP no _____	PID no _____
PIM / PA _____	

<b>1 The building</b>			
Street address of building _____			
Legal description of land _____	Lot _____	DP _____	Area (ha) _____
Building name (if applicable) _____	Number of levels _____		
Location of building within site/block no _____			
Level/unit number _____	Year first constructed _____	Total floor area _____	
Current law fully established use (include number of occupants per level and per use if more than 1) _____			

<b>2 Owner</b>		Office use _____
Full name of owner (Mr/Mrs/Miss/Ms/Dr) _____		
Contact person (if the applicant is not an individual) _____		
Postal address of owner _____	Post code _____	
Street address/registered office _____		
Phone no landline _____	Mobile _____	
Fax _____	Website _____	
Email _____		
The following evidence of ownership is attached to the application		
<input type="checkbox"/> copy of certificate of title, <input type="checkbox"/> lease, <input type="checkbox"/> agreement for sale and purchase, <b>or</b> , other document showing full name of legal owner(s) of the building (specify below)		
_____		

<b>3 Agent</b>		Office use _____
Full name of agent _____		
Contact person _____		
Postal address _____	Post code _____	
Street address/registered office _____		
Phone no landline _____	Mobile _____	
Fax _____	After hours _____	
Email _____	Website (if applicable) _____	
Relationship to owner _____		

## Declaration

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 Council

Owner       Agent       Other      **Note: Contact details must be in New Zealand**

**To assist in prompt communication with our customers, Council prefers to contact you by email where possible. Please indicate below that you authorise WDC to contact you in this manner**

Yes       No – please use my postal address

## 5 Application:

I request that you issue a Certificate of Acceptance for the building work described in this application

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name (Please print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Position or title (Please print)

## 6 Building work

6.1 Description of the building work

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

6.2 Date the building Work was carried out: \_\_\_\_\_

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

No       Yes      If yes, provide details of the new use :

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

6.4 Intended life of the Building \_\_\_\_\_ years

6.5 List building consents previously issued for the this project (if any): \_\_\_\_\_

6.6 Estimated value of the building work on which building levy will be calculated (including goods and services tax):

[state estimated value as defined in "section 7" of the Building Act 2004 and only applies if an application for a certificate of acceptance is made under "section 96(1)(a)" of the Building Act 2004.]

\$ \_\_\_\_\_

**7. The personnel who carried out the building work are as follows:**

Designer

Name \_\_\_\_\_ Reg/licence number: \_\_\_\_\_

 Address \_\_\_\_\_  
 \_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Builder

Name \_\_\_\_\_ Reg/licence number: \_\_\_\_\_

 Address \_\_\_\_\_  
 \_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Drain layer

Name \_\_\_\_\_ Reg/licence number: \_\_\_\_\_

 Address \_\_\_\_\_  
 \_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Plumber

Name \_\_\_\_\_ Reg/licence number: \_\_\_\_\_

 Address \_\_\_\_\_  
 \_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Other

Name \_\_\_\_\_ Reg/licence number: \_\_\_\_\_

 Address \_\_\_\_\_  
 \_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Other

Name \_\_\_\_\_ Reg/licence number: \_\_\_\_\_

 Address \_\_\_\_\_  
 \_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

**Add more pages if required to application**

**8. The reasons why a Certificate of Acceptance is required (tick and complete as appropriate):**

- The owner, or the owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: *[explain in detail]*

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A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: *[delete one of the following]*

- (a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: *[explain in detail below]*
- (b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: *[explain in detail below]*

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- The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: *[state details of name of building consent authority and building consent granted]*

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**10 Compliance schedule**

- Does the building have an existing compliance schedule  Yes  No  
 If yes, state compliance schedule number \_\_\_\_\_
- If yes, did this project amend, add or remove any specified systems  Yes  No  N/A
- If Yes, please complete and attach the Compliance Schedule application form  Yes  No

**11 Attachments**

<input type="checkbox"/>	Project information memorandum
<input type="checkbox"/>	Plans and specifications
<input type="checkbox"/>	Certificates from personnel who carried out the building work
<input type="checkbox"/>	Energy work certificate

**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 4224  
 The first half hour of this service is provided without charge**

# Application for Certificate of Acceptance

Please use this checklist to ensure you have provided all relevant information with your application

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 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 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 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"/>	Supplementary information for commercial projects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

**Office use**

Application not accepted

Reasons \_\_\_\_\_

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\_\_\_\_\_  
 Customer Services Representative

\_\_\_\_\_  
 Date

Application accepted

Receipt no \_\_\_\_\_ Fees received \$ \_\_\_\_\_

\_\_\_\_\_  
 Customer Services Representative

\_\_\_\_\_  
 Date