



AMENDMENT TO COMPLIANCE SCHEDULE
Section 106, Building Act 2004

Ref: T-Form 11
Version: 2
Issued: 12 July 2010
Rangitikei District Council
46 High Street
Private Bag 1102
Marton 4741
Phone: (0800) 422 522

OFFICE USE ONLY

Compliance Schedule Number:	
Valuation Number:	
Date Application Received:	

SECTION 1

BUILDING

Street address of building: *(for structures that do not have a street address, state the nearest street intersection and the distance/direction from that intersection)*

Legal description of land where building is located: *(state legal description as at the date of application and, if subdivision is proposed include details of relevant lot numbers and subdivision consent)*

LOT:		DP:	
SEC No:		BLK No:	
VAL No:		BLK Name:	
Building name: <i>(if applicable)</i>			
Location of building within site/block:			
Level/Unit number:			
Currently lawfully established use:			

SECTION 2

OWNER

Name of owner(s): *(eg Mr, Mrs, Miss, Ms)*

Contact person(s):

Mailing address:

Postcode:

Street address/Registered office:

Postcode:

Owner(s) contact details:

Landline:		Mobile:	
Daytime:		After hours:	
Fax:		Website:	
Email:			

Evidence of Ownership: *(Please attach one of the following, as appropriate to the circumstances, showing full name of legal owner(s) of the building/land)*

Certificate of title	<input type="checkbox"/>	Agreement for sale and purchase	<input type="checkbox"/>
Lease	<input type="checkbox"/>	Other document <i>(rates demand etc)</i>	<input type="checkbox"/>

SECTION 3

AGENT			
<i>(Only required if application is made on behalf of the owner)</i>			
Name of Agent(s): <i>(eg Mr, Mrs, Miss, Ms)</i>			
Contact person(s):			
Mailing address:			
	Postcode:		
Street address/Registered office:			
	Postcode:		
Agent(s) contact details:			
Landline:		Mobile:	
Daytime:		After hours:	
Fax:		Website:	
Email:			
Relationship to Owner: <i>(State details and provide written authorisation from the owner(s) to make the application on the owner(s) behalf)</i>			
First Point of Contact for Communication with the Council/Building Control Authority:			
Agent:	<input type="checkbox"/>	Owner:	<input type="checkbox"/>
Preferred correspondence:			
Fax:	<input type="checkbox"/>	Email	<input type="checkbox"/>
		Post:	<input type="checkbox"/>



PLEASE READ

- The Compliance Schedule Application will NOT BE ACCEPTED unless all sections are completed
- Upon lodging application with Council, the FEE is required
- The Compliance Schedule application will NOT BE ACCEPTED unless a copy of the existing Compliance Schedule is attached

SECTION 4

COMPLIANCE SCHEDULE APPLICATION FEES	
<i>(Set by the Council in accordance to Section 219 of The Building Act 2004 and Section 150 of the Local Government Act 2002)</i>	
CLASSIFICATION	FIXED FEE \$
Amendment to Compliance Schedule	63.00
Inspections (BWOFF, Swimming pool, Building Consent, General Compliance)	172.00

SECTION 5

DECLARATION			
Name:			
Signature:		Date:	
Owner(s) signature:	<input type="checkbox"/>	Agent(s) signature on behalf of and with the authority of the owner	<input type="checkbox"/>

SECTION 6

APPLICATION

Please tick the relevant box(es) to show which systems are included, or to be included in the building project

SPECIFIED(SS) and NON SPECIFIED SYSTEMS (NS)		EXISTING	NEW or MODIFIED	REMOVE
SS01	Automatic systems for fire suppression (eg sprinkler system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS02	Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and serves only that unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS03	Electromagnetic or automatic doors or windows (eg ones that close on fire alarm activation)			
	03.1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03.2 Access controlled doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03.3 Interface fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS04	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS05	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS06	Rise mains for fire services use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS07	Automatic back-flow prevention device connected to potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS08	Lifts, escalators or travelators or other systems for moving people or goods within buildings			
	08.1 Passenger – carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08.2 Service lifts including dumb waiters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08.3 Escalators and moving walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS09	Mechanical ventilation or air conditioning systems			
	09.1 Cooling tower as part of an air conditioning system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	09.2 Cooling tower as part of a processing plant (not a Specified System)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS10	Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12	Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13	Smoke control systems			
	13.1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13.2 Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13.3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14	Emergency power systems			
	14.1 Emergency power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14.2 Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15	Emergency power systems for, or signs relating to, a system or feature specified in any of the clauses 1 to 13			
	15.1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15.2 Final exits (as defined by A2 of the Building Code); and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15.3 Fire separations	<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"/>
	15.5 Smoke separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION (Continued)

Maximum occupancy load:	
Highest fire hazard category:	
Intended use:	
Purpose group:	
Conditions:	

SECTION 7

GUIDELINE

1	Building	YES	NO
•	Street address of building include the “legal” street number , street name, suburb, town and postcode	<input type="checkbox"/>	<input type="checkbox"/>
•	Legal description can be obtained from the Certificate of Title and/or rates demands	<input type="checkbox"/>	<input type="checkbox"/>
•	Location of building If there is more than one building on the property indicate which building the application relates to	<input type="checkbox"/>	<input type="checkbox"/>
•	Level/Unit Number The level on which the work is planned. The unit where the work is planned. (This will be shown on the unit title plan.)	<input type="checkbox"/>	<input type="checkbox"/>
•	Current Lawfully Established Use This relates to the activities that take place in all or part of the building	<input type="checkbox"/>	<input type="checkbox"/>
2	Owner	YES	NO
•	Name of Owner The person, people, company or organisation shown as the owner on the Certificate of Title or another person, company or organisation who is entitled to charge rent for the property	<input type="checkbox"/>	<input type="checkbox"/>
•	Contact Person Only complete this section if the owner is a company or organisation and where you need to nominate a contact person	<input type="checkbox"/>	<input type="checkbox"/>
•	Evidence of Ownership The most common evidence of ownership is a Certificate of Title. This can be obtained from Land Information New Zealand (LINZ) (0800) 665 463. The Certificate of Title must be less than three months old.	<input type="checkbox"/>	<input type="checkbox"/>
•	Other Documents A printout of a current Rates Demand is also acceptable	<input type="checkbox"/>	<input type="checkbox"/>
3	Agent	YES	NO
•	Relationship to Owner Someone who has been engaged by the owner, eg Builder, Architect, Designer, Plumber, etc	<input type="checkbox"/>	<input type="checkbox"/>
•	First Point of Contact Identify who you would like the Council to liaise with in regards to application	<input type="checkbox"/>	<input type="checkbox"/>
4	Compliance Schedule	YES	NO
•	Compliance Schedule A Compliance Schedule is required for buildings that have systems or features that need regular maintenance and checking to ensure the health and safety of the building users is protected. These systems and features are listed in a Compliance Schedule for the building. The building owner must issue a Building Warrant of Fitness confirming that the systems have been checked and are operating correctly.	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY
(To be completed by Rangitikei District Council ONLY)

DECLARATION

1	Are all sections of the application form completed	Yes	No	NA
2	Specified Systems correctly identified in Section 6	Yes	No	NA
3	A copy of the existing Compliance Schedule attached	Yes	No	NA
4	Vetting completed and application accepted	Yes	No	NA
5	Reason for decision – Correct information provided	Yes	No	NA
6	Vetting completed and application incomplete	Yes	No	NA
7	Reason for decision – Noted below:	Yes	No	NA
8	Application sent back to Agent/Owner	Dated:		Yes No NA
Name of Vetting Officer :				
Signature:		Date:		