

Application for Code Compliance Certificate (Form 6) Section 92, Building Act 2004

For Official use	
Date Received:	

Items marked * are mandatory. Complete this form in BLOCK CAPITALS using BLACK or BLUE ink.

1. The Building	Consent		
Building Consent Number*:	Issued by*:		
2. The Project			
Description of the	building work*:		
Pr	roject Address*:		
Floor Area*	: m² Legal Description*: LOT: DP:		
Has the intended use of the building changed since the Building O NO Provide details of the new use: [refer NZBC A1 Classified Uses]			
•			
3. The Owner [A	include preferred form of address, eg, Mr, Miss, Dr, if an individual]		
Owner's Name*:	Contact Person (if owner is a company):		
Mailing/ Billing Address*:	Street Address/ Registered Office:		
Phone Number:	Cell Phone: Fax:		
E-mail address:			
Website:			
1 The Agent			
communications with the	ote - Only required if application is being made on behalf of the owner. The Agent, if nominated, will be the first point of contact for Council/Building Consent Authority regarding this application/building work and will receive all correspondence including all invoices)		
Agent's Name:	Contact Person (if agent is a company):		
Mailing/	Street Address/		
Billing Address:	Registered Office:		
Phone Number:	Cell Phone: Fax:		
E-mail address:			
Website:			

5a. The Application All building work to be carried out under the above building consent was completed on*:				
The licenced building practiti		, the restricted building work is/are as follows: las being licenced under section 291 of Building Act 2004.		
Name	Licence Class	LBP number		
Particular work carried out or supervised:				
Name	Licence Class	LBP number		
Particular work carried out or supervised:				
Name	Licence Class	LBP number		
Particular work carried out or supervised:				
Name	Licence Class	LBP number		
Particular work carried out or supervised:				
Name	Licence Class	LBP number		
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Particular work carried out or supervised:				
Name	Licence Class	LBP number		
Particular work carried out or supervised:				
Name	Licence Class	LBP number		
Particular work carried out or supervised:				
Note: Use additional sheets if requ	ired.			

5c. The Application (
The personnel who carried	out the building work other than restricted building work are as follows	:
Builder:	Registration	
Mailing Address:	Number:	
e-mail:	Phone (day):	
Certifying Plumber:	Registration	
Mailing Address:	Number:	
e-mail:	Phone (day):	
Certifying Gasfitter:	Registration Number:	
Mailing Address:	Number:	
e-mail:	Phone (day):	
Certifying Drainlayer:	Registration Number:	
Mailing Address:	Number.	
e-mail:	Phone (day):	
Registered Electrician:	Registration Number:	
Mailing Address:	Number.	
e-mail:	Phone (day):	
Name:	Registration Number:	
Mailing Address:	Number.	
e-mail:	Phone (day):	
Name:	Registration Number:	
Mailing Address:	Number.	
e-mail: Note: Use additional sheets if req	Phone (day):	
Other notes or comments	which you as the applicant may wish to add:	

		on (Speci d systems a	-	ems) rith this project?	*	
		0	YES (NO, there are	e no specified	systems associated with this project.
▼		_	_	_		
The followi	ng specified	d systems a	re containe	d on the complia	nce schedule	for the building
	-	-		alled them, are o	-	
performand SS1				g consent: [specifie ion (for example, s		
SS2 O		utomatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire nat is entirely within a household unit & serves only that unit).				
SS3 O	Electromag	lectromagnetic or automatic doors or windows(for example, ones that close on fire alarm activation)				
	SS3/1 O	Automatic	doors			
	SS3/2 O	Access Con	trolled Door	5		
	SS3/3 ()	Interfaced	fire or smoke	doors or windows	5	
SS4 O	Emergency	lighting syst	tems			
SS5 O			ation systems	5		
SS6 O		s for fire serv				
SS7 O	Automatic	back-flow pr	eventers cor	nnected to a potab	le water supply	,
SS8 O	Lifts, escala	ators, travela	itors, or othe	r systems for movi	ng people or g	oods within buildings
	SS8/1 ()	Passenger (Carrying lifts			
	SS8/2 O	Service Lift	S			
	SS8/3 ()	Escalators a	and moving v	valks		
SS9	Mechanica	l ventilation	or air condit	oning systems		
SS10 O	Building ma	Building maintenance units for providing access to the exterior and interior walls of buildings				
SS11 O	Laboratory	fume cupbo	ards			
SS12 O	Audio loop	s or other as	sistive listen	ing systems		
SS13	Smoke con	trol systems				
•	SS13/1 ()	Mechanica	l Smoke Con	trol		
	SS13/2 (oke Control			
	SS13/3 (Smoke Curt	tains			
SS14 ()				gns relating to, a sv	stem or featu	re specified in any of the clauses 1 to 13
			Power Syste			
	SS14/2 (ed Systems 1 to 13		
			ms or Featur			
•	_				nation intende	d to facilitate evacuation
	SS15/2 (A2 of the Building		
	SS15/3 O					
	SS15/4 (g information inte	nded to facilita	te evacuation;
	SS15/5 (Smoke sepa				
_	Cable Cars	·				
Purpose (

5e. The Application (Signatory)	
I request that you issue a co	ode compliance certificate for this work under section 95 of the Building Act 2004.	
Signed by*:		
FULL NAME*:		
Date*:		
I am the*:	O Owner O Agent on behalf of, and with the authority of, the owner.	
Address the code compliance certificate should be sent to:		
6. Attachments The following documents a	re attached to this application:	
1	of ownership* (Record of Title or Sale & Purchase Agreement)	
1	da (Records of Building Work) from licenced building practitioner(s) stating what	
	building work they carried out or supervised*	
Other doc	uments from personnel who carried out the work	
O Certificate	s that relate to the energy work (eg Gas & electricity)	
Current m	anufacturer's certificate, if applicable	
Evidence that the specified systems are capable of performing to the performance standards set out in the building consent		
_	otability of drinking water from private well, and/or rainwater catchment, supply (refer to	
	nd Drinking Water Standards 2005)	
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