

APPLICATION FOR CERTIFICATE OF ACCEPTANCE

Send or deliver this form to: Kapiti Coast District Council,
175 Rimu Road, Paraparaumu 5032
Private Bag 60601, Paraparaumu 5254
For enquiries, phone 04 296 4700

Council use only
Application #:
Property ID:

THE BUILDING *(Project location)*

Building name: *(if applicable)*

Building street address:

Location of building within the site: *(include nearest street access)*

Legal description of land where the building is located: *State legal description as at the date of application. If a subdivision of the land is proposed provide the lot numbers and consent number*

Lot(s):

Subdivision lot No:

DP(s):

Subdivision consent No:

Number of levels: *(include below ground, ground and above ground)*

Level/unit number: *(if applicable)*

Area: (in square metres)

Existing floor area:

Proposed new floor area:

Resulting total floor area:

Current, lawfully established use of all parts of the building: *(include number of occupants per level and per use if more than one level)*

Year first constructed: *(insert year, an approximate date is acceptable such as 1920's or 1960-1970)*

THE PROJECT

Description of building work:

Date building work carried out:

Did the building work result in a change of use of the building? (i.e. Commercial, Industrial, Residential)

☐ No ☐ Yes

If yes provide details of new use:

Intended life of the building if less than 50 years:

List building consents previously issues for this project (if any): (list who issued the consent, the date of the issue and the consent number)

Estimated value of the building work on which the building levy will be calculated (including GST):

THE OWNER *(must be completed for all applications and all details must be the owner's)*

Owner's name:

Owner's mailing address:

Street address/registered office:

Owner's contact details:

Phone: (day)

Mobile:

After hours:

Fax:

Email:

Website:

AGENT *(only required if application is being made on behalf of the owner)*

Name of agent: *If application is for a company, trust or other organisation provide a contact person's name*

Agent's mailing address:

Street address/registered office:

Agent's contact details:

Phone (day):

Mobile:

After hours:

Fax:

Email:

Website:

First point of contact

☐ owner

☐ agent

☐ other:

SIGNATURES

Signed by the owner

OR

Signed by the agent *(on behalf of, or with the authority from, the owner)*

Signature:

Signature:

Name:

Name:

Date:

Date:

Personnel who carried out building work (cross out any that are not applicable)**Concreter**

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Product Name:

Manufacturer:

Tanking applicator

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Product Name:

Manufacturer:

Gasfitter

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Plumber

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Carpenter

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Deck/roof membrane applicator

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Product Name:

Manufacturer:

Joiner

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Product Name:

Manufacturer:

Plasterer/textured coater

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Product Name:

Manufacturer:

Electrician

Business/name:

Address:

Registration/qualification:

Mobile:

Landline:

Email:

After hours phone:

Fax:

Drainlayer	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Brick/Block layer	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Roofer	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Concealed fascia installer	Business/name:	
Address:		
Registration/qualification:	Mobile:	Landline:
Email:	After hours phone:	Fax:
Product Name:	Manufacturer:	
Other (Attach additional page if required)		
Role:	Business/name:	
Address:		
Email:	Registration/qualification:	Landline:
Mobile:	After hours phone:	Fax:
Plans and Specifications <i>The following plans and specifications are attached to the application:</i>		
<input type="checkbox"/> specifications <input type="checkbox"/> calculations <input type="checkbox"/> plans <input type="checkbox"/> producer statement <input type="checkbox"/> other (please specify):		
All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority		
Reasons why a certificate of acceptance is required		
<input type="checkbox"/> 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: <i>(explain in detail)</i>		
<input type="checkbox"/> A building consent could not practically be obtained in advance because the building work had to be carried out urgently (delete one of the following) (a) for the purposes of saving or protecting life or health or preventing serious damage to property as follows: <i>(explain in detail)</i> (b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: <i>(explain in detail)</i>		
<input type="checkbox"/> 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 <i>(state details of name of building consent authority and the building consent granted)</i>		

Attached: *The following documents are attached to the application))*

The following documents are attached to the application:

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

Compliance Schedule: *The following specified systems are existing, being altered, added to, or removed in the course of the building work:*

Delete this section if this is an application for PIM only

<input type="checkbox"/> There are no specified systems in the building	Existing	New	Altered	Added	Removed
Cable Car (including to individual dwelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated systems for fire suppression (for example, sprinkler systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electromagnetic or automatic doors or windows (for example, ones that close on fire alarm activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riser mains for Fire Service use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any automatic back-flow preventer connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of escape from fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency power systems for, or signs relating to, a system or feature specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of access and facilities for use by persons with disabilities which meet the requirements of section 118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held hose reels for fire fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Such signs as are required by the Building Code of by section 120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Council use only:

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