

Application for Amendment to Compliance Schedule

FOR OFFICE USE ONLY	
Project No:	
Date Received:	

Form 11 - (Only complete items that are applicable to your project)

APPLICATION			
I request that you issue a Certificate of Acceptance for the building work described in this application.			
THE BUILDING			
Street Address (or Rapid No if applicable):		Building Name (if applicable):	
Legal Description: Lot: DP:		Valuation Roll Number:	
Number of Levels:	Level/Unit No:	Total Floor Area: (all floors included)	
		Existing: m ²	Add: m ²
Current lawfully established use:		Approx year building first constructed:	
THE OWNER			
Owner's Name:		Contact Person: <i>(if owner is not an individual)</i>	
Mailing/Billing Address:			
Street Address/Registered Office:			
E-mail Address:		Phone Day:	
Phone A'Hours:	Fax:	Cellphone:	
THE AGENT			
<i>Note - The Agent will be the first point of contact for communications with the Council/Building Consent Authority regarding this application/building work and will receive all correspondence including all invoices.</i>			
Agent's Name:		Contact Person: <i>(if Agent is not an individual)</i>	
Mailing/Billing Address:			
Street Address/Registered Office:			
E-mail Address:		Phone Day:	
Phone A'Hours:	Fax:	Cellphone:	
REQUIRED ATTACHMENTS			
Evidence of ownership attached to this application:			
<input type="checkbox"/>	Certificate of Title	<input type="checkbox"/>	Sale and Purchase Agreement
<input type="checkbox"/>	Copy of existing Compliance Schedule		
<input type="checkbox"/>	Anything else?		
AMENDMENTS			
<input type="checkbox"/> Cable Car <small>(tick if yes)</small> Systems	Tick if change required	Amendment Required	Reason
1 Auto systems for fire suppression	<input type="checkbox"/>		
2 Automatic or Manual Emergency Warning System for Fire or Other Dangers	<input type="checkbox"/>		
3 Electro or Auto Doors or windows	<input type="checkbox"/>		
4 Emergency lighting system	<input type="checkbox"/>		

AMENDMENTS (continued)

5	Escape Route Pressurisation Systems	<input type="checkbox"/>		
6	Riser Mains for use by Fire Services	<input type="checkbox"/>		
7	Automatic Back Flow Preventers	<input type="checkbox"/>		
8	Lifts, Escalators, travelators	<input type="checkbox"/>		
9	Mechanical Ventilation or Air Conditioning	<input type="checkbox"/>		
10	Building Maintenance Units	<input type="checkbox"/>		
11	Laboratory Fume Cupboards	<input type="checkbox"/>		
12	Audio Loops or Other Assistive Listening Systems	<input type="checkbox"/>		
13	Smoke Control Systems	<input type="checkbox"/>		
14	Emergency Power Systems for, or signs relating to, a system or feature specified in any clauses 1 to 13	<input type="checkbox"/>		
15	Means of Escape from Fire:			
(a)	Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>		
(b)	Final Exit (as defined by A2 of the Building Code);	<input type="checkbox"/>		
(c)	Fire Separations	<input type="checkbox"/>		
(d)	Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>		
(e)	Smoke separations	<input type="checkbox"/>		

SIGNATURE

I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct.

I/the applicant undertake to pay all actual and reasonable application costs incurred by the Grey District Council in processing the application regardless of whether or not the application is granted.

In the event of a default in payment, the customer will be charged interest on any overdue amount at the rate of 1.5% per month from the due date until full payment is made, and shall repay Grey District Council on demand any monies which Grey District Council may expend to make good any failure by the customer to comply with the payment terms.

If you do not make any payment when due, in addition to any other remedies, we may recover from you any costs, expenses or disbursements incurred by us in recovering money from you, including without limitation, debt collection agency fees and legal fees.

Signed by or for and on behalf of the Owner: _____

Owner Agent Date: _____

If acting "for and on behalf", please read the following declaration before signing: "I hereby declare that I am authorised to act as Agent of the Owner".

Please Note:

- Applications will not be received and processed until the minimum Deposit Fee is paid;
- If the minimum Deposit Fee does not cover the full cost incurred by Council in processing the consent application(s), then the balance will be invoiced either on an interim basis, or at the time the decision on the consent application(s) is released;
- GDC reserves the right to suspend delivery of further goods and/or services if the terms of payment are not strictly adhered to by the Customer.

COUNCIL USE ONLY

Application vet by:	Date:
Outcome: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Reason for outcome: <input type="checkbox"/> All information provided <input type="checkbox"/> Only 1 item of information missing <input type="checkbox"/> > 1 item of information missing <input type="checkbox"/> Poor quality of documentation
Building Category: <input type="checkbox"/> Res 1 <input type="checkbox"/> Res 2 <input type="checkbox"/> Res 3 <input type="checkbox"/> Com 1 <input type="checkbox"/> Com 2 <input type="checkbox"/> Com 3	