



**(BAM 002-B)**

Version 1.1

**Building Consent Application and/or  
Project Information Memorandum  
for a Backflow Prevention Device**

<b>FOR OFFICE USE ONLY</b>	
Project No:	
Date Received:	

*(Only complete items that are applicable to your project)*

APPLICATION			
I request that you issue a: <i>(please tick one)</i>	<input type="checkbox"/>	Project Information Memorandum only (PIM)	
	<input type="checkbox"/>	Building Consent only (for existing PIM) No: _____	(attach copy)
	<input type="checkbox"/>	Building Consent (including Project Information Memorandum)	
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 <sup>2</sup>	Add: _____ m <sup>2</sup>
Current lawfully established use: _____		Approx year building first constructed: _____	
THE PROJECT			
Tick appropriate box and provide details of the make, model and size:			
What is the hazard: _____	<input type="checkbox"/>	High hazard	<input type="checkbox"/>
			Medium hazard
Make: _____	Model: _____	Size: _____	
NB: List backflow preventer details separately below if more than one is to be installed.			
Value of proposed work (inc GST) \$ _____	Intended life, if less than 50 years: _____		years
Name of Craftsman Plumber: _____			Registration Number: _____
Mailing Address: _____			_____
E-mail Address: _____		Phone Day: _____	
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:

Certificate of Title  Other:

**Location Plan of the Installation**  
a site plan showing the proposed location of the Backflow Prevention Device is required (see over)

Application fee is payable at the time of application. Additional levies may apply.

**Is there an existing Compliance Schedule for the building?**

**Yes – does it include Backflow Prevention:**

Yes  
 No – complete form “Compliance Schedule List”

**No – complete form “Compliance Schedule List”**

**NOTES BY APPLICANT (Other notes or comments which you as the applicant may wish to add)**

Three empty horizontal lines for notes.

**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.

## LOCATION PLAN

- An accurate site plan is required that identifies the location of the Backflow Prevention Device with relation to the buildings and site boundaries.
- The use of this Backflow Prevention Device and what it is protecting is to be shown on this plan.

Plan of Proposed Backflow Prevention Device

### CONDITIONS OF THIS CONSENT

A test report from a suitably qualified person will be required. This report shall verify that the backflow prevention device has been correctly installed. The report must be forwarded to the Council prior to a Code Compliance Certificate being issued.

**Note:** A Reduced Pressure Zone device shall have the relief drain outlet located not less than 300 mm above the surrounding surface, and in a position that is not subject to ponding.