

Project Information Memorandum and/or Building Consent Application for Separation of Services

FOR OFFICE USE ONLY	
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>			Project Information Memorandum only (PIM)		
			Building Consent only		
			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: n/a m ²	Add: n/a m ²	
Current lawfully established use: *			Approx year building first constructed: *		
THE PROJECT					
Description of building work: <i>(eg dwelling, commercial, farm shed, garage etc)</i>		SEPARATION OF SERVICES			
Will the building work result in a change of use of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Refer to Building (Specified Systems, Change of Use, and Earthquake-prone Buildings) Regulations 2005 if in doubt)</i>					
If "Yes", provide details of the new intended use:					
Intended life of the building:		Indefinite but not less than 50 years		or specified as _____ years	
List Building Consents previously issued for this building (if any): <i>(ie is this project being constructed in stages? Is this consent for a relocated or transportable building?)</i>					
Estimated Value (inc GST) <i>(ie the estimated aggregate of the values of all goods and services):</i> \$ *					
THE OWNER					
Owner's Name: *			Contact Person: * <i>(if owner is not an individual)</i>		
Mailing/Billing Address: *					
Street Address/Registered Office: *			Post Code: *		
E-mail Address: *			Phone Day: *		
Phone A'Hours: *		Fax: *		Cellphone: *	
THE AGENT					
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.					
Agent's Name: *			Contact Person: * <i>(if Agent is not an individual)</i>		
Mailing/Billing Address: *					
Street Address/Registered Office: *			Post Code: *		
E-mail Address: *			Phone Day: *		
Phone A'Hours: *		Fax: *		Cellphone: *	

REQUIRED ATTACHMENTS

Evidence of ownership attached to this application: Certificate of Title Other:

Application Fee (Deposit): \$ _____ (this will be determined when the application is lodged)

KEY PERSONNEL

Name of Registered Drainlayer:	Registration Number:
Mailing Address:	
E-mail Address:	Phone Day:

The following documentation is required to be submitted in sufficient detail to show compliance with all aspects of the New Zealand Building Code. **Please complete this checklist in FULL by ticking the appropriate box to indicate that the required item of information has been supplied or is not applicable to the project.** Upon receipt, your application will be checked for completeness. This list is not intended to be exhaustive and additional information may be requested during processing of the application.

PIM			Applicant Checklist		Council
			Supplied	N/A	Received
1	Application form COMPLETED and signed				
2	Application fee \$ _____ GST Inclusive (CASH - EFTPOS – CHEQUE)				
3	Evidence of ownership: A recent search copy of the Certificate of Title less than 6 months old.				
4	Site Plan: Include all existing buildings, legal boundaries, vehicle access, significant trees, retaining walls, intentions for the disposal of stormwater and sewage.				
5	Specification: A written document outlining the details of the proposed work.				
6	Quality of Documentation: Ensure that the quality of the documentation meets the requirements outlined in the application coversheet.				

BUILDING CODE ASSESSMENT

Building Code Clause	Means of Compliance	
Tick each clause relevant to the proposed building work	For each relevant clause, identify which means of compliance has been used. This list is only the most common solutions, there are other options available. Multiple means of compliance may be used in each project.	
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1: NZS 4452 Drains <input type="checkbox"/> Other : Engineer Design <input type="checkbox"/> Waiver or Modification	<input type="checkbox"/> Other :
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1 <input type="checkbox"/> Waiver or Modification	<input type="checkbox"/> Other :
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> Waiver or Modification	<input type="checkbox"/> Other :
<input type="checkbox"/> F5 Construction and Demolition hazards	<input type="checkbox"/> F5/AS1: Work-Site Barriers <input type="checkbox"/> Waiver or Modification	<input type="checkbox"/> Other :
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS2 : Drainage <input type="checkbox"/> G13/AS3 : AS/NZS 3500.2 <input type="checkbox"/> G13/VM1: BS 5572 <input type="checkbox"/> Waiver or Modification	<input type="checkbox"/> Other :

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"/> More than 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	