

## CHANGE OF USE ASSESSMENT FORM

### Section 114, Building Act 2004

#### 1. THE BUILDING (if the item is not applicable put N/A in the space)

Street address: \_\_\_\_\_

Legal description: Lot: \_\_\_\_\_ DP: \_\_\_\_\_

Valuation Number: \_\_\_\_\_

Current lawfully established use – **RESIDENTIAL DETACHED DWELLING** (as per records currently held by Council)

Year first constructed: \_\_\_\_\_

#### 2. OWNER

Name of owner: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### 3. AGENT (If acting on behalf of the owner)

Name of agent: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### 4. AGENT AUTHORISATION (owner to complete if employing an agent)

I (print) \_\_\_\_\_ as the owner of this property, authorise (print) \_\_\_\_\_

to act as my agent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### 5. CURRENT SITUATION OR PROPOSED ACTIVITY

Days of trading and opening hours: \_\_\_\_\_

Daily number of guests/customers/visitors: \_\_\_\_\_

Type of activity: e.g. Air B&B, Childcare, Home office, Hair & beauty, Workshop, etc. \_\_\_\_\_

**6. THE ACTIVITY – Change of use relating to this property**

Describe where/what area of your property this activity takes place e.g. garage, spare bedroom, granny flat, entire house, caravan etc.

\_\_\_\_\_

What is the area (in square metres) that you are using? \_\_\_\_\_

Change of use – what is the activity you propose to undertake or are currently undertaking: \_\_\_\_\_

Do you live on-site? (Circle)                      YES                      NO

Do you reside in the building where the activity is taking place? (Circle)                      YES                      NO

Do you reside in the building when the activity is taking place? (Circle)                      YES                      NO

Do you employ anyone other than family members? (Circle)    YES    NO                      If so, how many people? \_\_\_\_\_

*If offering accommodation.* Are there any out buildings with sleeping capacity? (Circle)                      YES                      NO                      N/A

*If offering accommodation.* How many sleeping spaces are you offering? e.g. (a double bed is two) \_\_\_\_\_

*If offering accommodation.* How many rooms do you have that contain sleeping spaces? E.g. bedrooms, sleep-out, lounge etc. \_\_\_\_\_

*If offering accommodation.* What is the maximum number of guests you could accommodate at any one time? \_\_\_\_\_

*If hairdressing.* Do you have a backflow prevention device attached to your water supply?                      YES                      NO                      N/A

**7. DECLARATION**

I \_\_\_\_\_ as the owner of this property declare that the information I have provided or my agent has provided, is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COUNCIL REVIEW OF ASSESSMENT FORM (Council use only)**

Reviewed by Building Control Officer:                      Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_                      Change of Use required (tick)                       Yes                       No

Reviewed by Environmental Planner:                      Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_                      Resource Consent required (tick)                       Yes                       No