MĀWHERA
GREY
DISTRICT COUNCIL

FOR OFFICE USE ONLY
Project No:
Date Received:

Application for Amendment to Compliance Schedule
Section 106, Building Act 2004

(Only complete items that are applicable to your project)

THE BUILDING	
Street address of building (or Rapid No if applicable): *[for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection]*	Building Name (if applicable):

Location of building within site/block number *(include nearest street address)*:

Legal Description of land where building is located: Lot:	DP:	Valuation Roll Number:

Number of Levels *(include ground level & any levels below ground)*:	Level/Unit No:	Total Floor Area: (all floors included)	
		Existing: m²	Add: m²

Current lawfully established use *(include number of occupants per level and per use if more than 1)*:	Year first constructed:

THE OWNER	
Owner's Name *(include preferred form of address e.g. Mr, Miss, Dr, if an individual)*:	Contact Person: *(if owner is not an individual)*

Mailing/Billing Address:	
Street Address/Registered Office:	Post Code:
E-mail Address:	Phone Day:
Phone A'Hours:	Fax:	Mobile:
Website:	

THE AGENT	
Agent's Name *[only required if application is being made on behalf of the owner]*:	Contact Person: *(if Agent is not an individual)*

Mailing/Billing Address:	
Street Address/Registered Office:	Post Code:
E-mail Address:	Phone Day:
Phone A'Hours:	Fax:	Cellphone:
Website:	

Relationship to Owner: [*state details of the authorization from the owner to make the application on the owner's behalf*]

FIRST POINT OF CONTACT FOR COMMUNICATIONS WITH THE COUNCIL / BUILDING CONSENT AUTHORITY
Full name:
Mailing address:
Phone number(s):
Facsimile number(s)
Email address(es):

APPLICATION

I request that the compliance schedule for the above building be amended as follows:

[tick [✓] the relevant boxes below to indicate ALL the specified systems currently in the building]

Specified systems:		Amendment	Reason: [State why amendment is required to ensure that the specified system meets the performance standards]
SS 1	Automatic systems for fire suppression		
SS 2	Automatic or manual emergency warning systems		
SS 2 /1	Security Based Emergency Warning Systems		
SS 3/1	Automatic doors		
SS 3/2	Access controlled doors		
SS 3/3	Interfaced fire or smoke doors or windows		
SS 4	Emergency lighting systems		
SS 5	Escape route pressurisation systems		
SS 6	Riser mains		
SS 7	Automatic back-flow preventers		
SS 8/1	Passenger-carrying lifts		
SS 8/2	Service lifts		
SS 8/3	Escalators and moving walks		
SS 9	Mechanical ventilation or air conditioning systems		
SS 10	Building maintenance units		
SS 11	Laboratory fume cupboards		
SS 12/1	Audio loops		
SS 12/2	FM radio frequency systems and infrared beam transmission systems		
SS 13/1	Mechanical smoke control		
SS 13/2	Natural smoke control		
SS 13/3	Smoke curtains		

APPLICATION Cont …

SS 14/1	Emergency power systems		
SS 14/2	Signs		
SS 15/1	Systems for communicating spoken information intended to facilitate evacuation		
SS 15/2	Final exits		
SS 15/3	Fire separations		
SS 15/4	Signs for communicating information intended to facilitate evacuation		
SS 15/5	Smoke separations		
SS 16	Cable Car		

REQUIRED ATTACHMENTS

The following evidence of ownership attached to this application:

☐ Certificate of Title   ☐ Lease

☐ Agreement of sale & purchase   ☐ other document showing full name of legal owner(s) of the building

☐ Copy of existing compliance schedule

☐ Completed Specified Systems Forms SS1 – SS16 (one for each system being altered or added)

Signature of owner / agent on behalf of and with the authority of the owner:

Date:

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