



# WAIROA DISTRICT COUNCIL

## REGULATORY DEPARTMENT

+64 6 838 7309  
+64 6 838 8874  
consents@wairoadc.govt.nz

www.wairoadc.govt.nz  
PO Box 54, Wairoa 4160, Hawke's Bay  
Coronation Square, Queen Street, Wairoa

### APPLICATION FOR EXTENSION OF TIME

#### Section One | What Are You Applying For?

Extension of time to commence works

*Do you require further time to begin your project?*

Extension of time to issue Code Compliance Certificate

*Do you require further time to complete your project?*

#### Section Two | Where is the Building? *(Complete both fields)*

Street address:

\_\_\_\_\_

Legal description:

\_\_\_\_\_

#### Section Three | When/Where was The Building Consent Issued? *(Complete all fields)*

Building consent number:

\_\_\_\_\_

Date issued:

\_\_\_\_\_

Issued by: *(name of building consent authority)*

\_\_\_\_\_

#### Section Four | Who Owns The Building? *(Complete all fields, using n/a if a field is not applicable)*

Owner name: *(include title, eg Mr, Ms if an individual/Contact person's name if a company, trust or similar)*

\_\_\_\_\_

Owner mailing address:

\_\_\_\_\_

Owner email address:

\_\_\_\_\_

Owner contact number:

\_\_\_\_\_

#### Section Five | Why is an Extension Required? *(Complete all fields)*

Reason:

\_\_\_\_\_

New start date:

\_\_\_\_\_

Expected completion:

\_\_\_\_\_

#### Section Six | Signature *(Complete all fields)*

Owner name:

\_\_\_\_\_

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

\_\_\_\_\_

Date:

\_\_\_\_\_