



# 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 BUILDING CONSENT

BC Number : *(office use only)* \_\_\_\_\_

#### Section One - What are you applying for? *Tick all applicable*

<sup>1</sup>*(For PIM only applications, complete Sections 1-7, and 13 only. Follow instructions as per section)*

- |   |  |
|---|--|
| <input type="checkbox"/> Building Consent                           | <input type="checkbox"/> Project Information Memo (PIM) <sup>1</sup>   |
| <input type="checkbox"/> Amendment to Building Consent <sup>2</sup> | <input type="checkbox"/> Building Consent using a National Multiple-Use Approval ('MultiProof') <sup>3</sup> |
| <input type="checkbox"/> Staged Consent <sup>2</sup>                |  |

<sup>2</sup> Please enter existing building consent number below:

<sup>3</sup> Please enter National Multiple-Use Approval number below:

\_\_\_\_\_

\_\_\_\_\_

#### Section Two - What building work are you doing? *Tick all applicable*

*(If your building work is not listed, tick **Other** and provide details (this includes amendments to building consents))*

- Residential**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New detached dwelling  | <input type="checkbox"/> New multi-residential dwelling (more than 2 household units)                                      | <input type="checkbox"/> Plumbing works        |
| <input type="checkbox"/> Major alterations/additions – any work that includes altering or attaching to the exterior of a building | <input type="checkbox"/> Minor alterations – any internal work that does not include altering the exterior of the building | <input type="checkbox"/> New solid fuel burner |
| <input type="checkbox"/> Garage/detached carport  | <input type="checkbox"/> Other <i>(please provide details below)</i>   |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Commercial/Industrial**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New commercial/ industrial building   | <input type="checkbox"/> Major alterations/additions – any work that includes altering or attaching to the exterior of a building | <input type="checkbox"/> Seismic strengthening                       |
| <input type="checkbox"/> Minor alterations – any internal work that does not include altering the exterior of the building | <input type="checkbox"/> Internal fit-out only (including plumbing and ventilation)   | <input type="checkbox"/> Other <i>(please provide details below)</i> |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section Three - Where is the building work?** Complete all fields, enter N/A where not applicable

Street address:

(No street address? State nearest street intersection and distance/direction from that intersection.)

\_\_\_\_\_

Legal description:

Lot:

DP:

\_\_\_\_\_

Building name:

\_\_\_\_\_

Location of building within site/block including near street access:

\_\_\_\_\_

Does the building or site have any cultural or heritage significance, or is it a marae?

Yes  No

If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_

Is the subdivision of an existing site involved?

Yes  No

If a subdivision is proposed and you have not yet received a s224 certificate, the application will also need to provide any relevant information stating legal description as at the date of application and, if subdivision is proposed, include details of the relevant resource consent number and any proposed lot number.

If yes, complete the following:

Resource Consent No.

\_\_\_\_\_

Proposed Lot No.

\_\_\_\_\_

**Section Four - Who owns the building or land?** Complete all fields

Owner name:

(Include title e.g. Mr, Mrs, Ms, Dr)

\_\_\_\_\_

Owner email address:

\_\_\_\_\_

Owner contact number:

\_\_\_\_\_

Owner mailing address:

\_\_\_\_\_

Indicate which of the following Proof of Ownership documents is attached to your application. Your document **must** be less than 3 months' old

- Copy of Certificate of Title  Copy of Lease Agreement
- Agreement for Sale and Purchase  Other document showing full name of legal owner

Are you using and Agent? (If Yes, please also complete the following)

Yes  No

Who is the first point of contact for further correspondence?

Agent  Owner

Who is the first point of contact for invoicing?

Agent  Owner

Agent name:

(Include title e.g. Mr, Mrs, Ms, Dr)

\_\_\_\_\_

Agent email:

\_\_\_\_\_

Agent contact number:

\_\_\_\_\_

Agent mailing address:

\_\_\_\_\_

Relationship with owner (state details of authorisation from owner to make the application on the owner's behalf):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section Five - Who's involved in the build?**

Complete all fields per line, or select N/A where not applicable. If you have additional roles to add, please use the table in Appendix A.

|                   | Role     | N/A |
|-------------------|----------|-----|
| Trade             | Designer |     |
| Name:             |          |     |
| Contact No.:      |          |     |
| Email:            |          |     |
| Registration No.: | LBP:     |     |

|                   | Role      | N/A |
|-------------------|-----------|-----|
| Trade             | Architect |     |
| Name:             |           |     |
| Contact No.:      |           |     |
| Email:            |           |     |
| Registration No.: | NZRAB:    |     |

**Section Six - What are the specifics of the site?** *Complete all fields*

What is the wind zone?

- Low   
 Medium   
 High   
 Very High   
 Extra High   
 Specific Design  
*State value below*

What is the exposure zone?     Low (B)     Medium (C)     High/Sea Spray (D)

Does the proposed building work cover two or more allotments?     Yes     No

Are there public drains on the site?     Yes     No

Is the site subject to natural or created hazards such as erosion, subsidence, flooding, slips, cut and fill or contamination?     Yes     No

Are there any alterations to land contours (eg earthworks)?     Yes     No

Are there new or altered connections to public utilities?     Yes     No

Are there new or altered locations and/or external dimensions of buildings?     Yes     No

Is there new or altered access for vehicles?     Yes     No

Is the building work over or adjacent to any road or public place?     Yes     No

Does the building work involve the disposal of storm-water or wastewater?     Yes     No

Is the building work over any existing drains or sewers or in close proximity to wells or water mains?     Yes     No

Are there any other matters known to the applicant that may require authorisation from the territorial authority?     Yes     No

*If Yes, please provide a summary below:*

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**Section Seven - What are the details of the building work?** *Complete all fields, or enter N/A if not applicable*

Provide a full description of the building work: \_\_\_\_\_  
*Eg. 4-bedroom dwelling with multiple cladding types and attached garage.* \_\_\_\_\_  
\_\_\_\_\_

Estimated value of the building work (including GST): \$ \_\_\_\_\_

If the application is for an amendment to a building consent, please add the additional value if applicable (including GST): \$ \_\_\_\_\_  N/A

What is the intended life of the building?     50+ years     Limited Life

If Limited Life, please indicate the intended life of the building: \_\_\_\_\_ years

Have you discussed this project with Council prior to applying?     Yes     No

Does the project include Restricted Building Work?     Yes     No

Are you applying for Owner/Builder exemption to complete the Restricted Building Work?

Yes

No

If Yes, please complete and attach the **Statutory Declaration as to Owner Builder** form ([click here](#))

If No, please complete and attach the **Memorandum from Licensed Building Practitioner – Certificate of Design Work** form for each type of building work being undertaken ([click here](#))

Total number of floor levels: \_\_\_\_\_

Levels below ground: \_\_\_\_\_

Current floor area: \_\_\_\_\_

Proposed new floor area: \_\_\_\_\_

If you are making alterations to an existing dwelling, please complete the following:

Is there any recladding?

Yes

No

Is recladding covered by a claim under the Financial Assistance Package Scheme?

Yes

No

If Yes, please provide Financial Assistance Package reference number: \_\_\_\_\_

Does the building work involve a swimming pool?

Yes

No

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

Current lawful established use: \_\_\_\_\_

Proposed use: \_\_\_\_\_

Will the building work result in a change of use of the building?

Yes

No

If you are unsure how to determine if a change of use will occur, please refer to the guidance provided by the Ministry of Business, Innovation and Employment: <http://www.building.govt.nz/managing-buildings/change-of-use-and-alterations/>

If Yes, please provide details:

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**Section Eight - What clauses of the building code does your building comply with?** Please read the following carefully

- You are required to indicate what code clause(s) your building work complies with
- Unless otherwise noted below, your application will be assessed under Acceptable Solutions
- If you are using another means of compliance, please provide details of the standard(s) that your building work complies with and the means of compliance in the space provided. Use a separate sheet of paper if necessary.
- If you do not provide all the necessary information to show how your application complies with the Building Code, it will be returned unprocessed.

I understand that this application is to be assessed against Acceptable Solutions, unless otherwise stated in the following section. Please tick to indicate your agreement.

B1 Structure

F1 Hazardous agents on site

G5 Interior environment

B2 Durability

F2 Hazardous building materials

G6 Airborne and impact sound

C1 Protection from fire

F3 Hazardous substances and processes

G7 Natural Light

C2 Prevention of fire occurring

F4 Safety from falling

G8 Artificial light

C3 Fire affecting areas beyond fire source

F5 Site safety

G9 Electricity

C4 Movement to place of safety

F6 Visibility in escape routes

G10 Piped services

C5 Access and safety for firefighting operations

F7 Warning systems

G11 Gas as an energy source

C6 Structural stability

F8 signs

G12 Water supplies

D1 Access routes

F9 means of restricting access to residential pools

G13 Foul water

D2 Mechanical installations

G1 Personal hygiene

G14 Industrial liquid waste

E1 Surface water

G2 Laundering

G15 Solid waste

E2 External moisture

G3 Food preparation and prevention of contamination

H1 Energy efficiency

E3 Internal moisture

G4 Ventilation

Provide details of all Verification Methods being used *(include relevant code clause and means of compliance)*

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Provide details of all Alternative Solutions being used *(include relevant code clause and means of compliance)* or details of any waivers and modifications *(including applicable code clauses)*

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**Section Nine - What specified systems are included in your building work?** *Complete all fields*

Does your building work involve or affect any Specified Systems (SS)?  Yes  No

**Residential**

*(Please complete the following:)*

N/A

*If Yes, please complete Specified System 16 (Cable Car) below*

SS16 Does your building work involve a cable car?

Yes  No

*If Yes, please provide detail below*

|                 | Existing                 | Altered                  | Added/New                | Removed                  | Complete this section if the cable car is being altered or added/new |                                   |                     |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--|-----------------------------------|---------------------|
|                 |                          |                          |                          |                          | Inspection performance standards                                     | Maintenance performance standards | Reporting Frequency |
| SS16 Cable cars | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                                   |                     |

Provide any other details

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**Commercial/Industrial**

*(Please complete the following:)*

N/A

If applicable, what is the existing compliance schedule number?

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Risk group:

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Total occupancy numbers:

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*If yes, please complete Appendix B (Specified Systems)*

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**Section Ten - Does your build require a fire design review?**

Certain applications for building consent must be submitted to the New Zealand Fire Service Commission Fire Engineering Unit (FEU) for review. *For commercial/industrial applications please complete the following:*

Is your building of a type defined in the Gazette notice and section 46 of the Building Act 2004?

Yes  No



## Section Eleven - Have you attached all required documents?

You are required to provide all the necessary documents to support your application. This includes (but is not limited to) the following sections:

- Section 4: Proof of Ownership
- Section 6: Plans showing land and boundary features as required PIM, development of contribution notice or certificate attached to PIM
- Section 7: Statutory Declaration as to Owner Builder form OR Memorandum of Licensed Building Practitioners – Certificate of Design Work (for each type of building work being undertaken)
- Section 8: Plans, specifications and other supporting information in relation to the compliance method of the build, eg where the work deviates from an Acceptable Solution method.

Please check your application and ensure all the supporting information is attached otherwise your application will be returned **unprocessed**.

When you are satisfied your application is complete, please complete section 13 and send to your local Building Consent Authority.

If you are unsure about what information to include in your application, a guidance document is available ([click here](#)).

### Privacy Information

The information you have provided on this form is required so that your building consent application can be processed under the Building Act 2004. The Council collates statistics relating to issued building consents and has a statutory obligation to forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information. Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.

### Attachments

The following documents are attached to this application

- Plans and specifications (*list*)

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- Alternative plans and specifications (*if the applicant wants to obtain pre-approval for possible product substitutions, list*)

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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Current (CodeMark) Product certificate(s).   | <input type="checkbox"/> Alternative (CodeMark) product certificate(s) ( <i>if the applicant wants to obtain pre-approval for possible product substitutions</i> ). | <input type="checkbox"/> Current (BuiltReady) Manufacturer's certificate(s).    |
| <input type="checkbox"/> Project information memorandum.  | <input type="checkbox"/> Development contribution notice.   | <input type="checkbox"/> Certificate attached to project information memorandum |
| <input type="checkbox"/> Memoranda (Certificates of Design Work) from licensed building practitioners who carried out or supervised any design work that is restricted building work. |   |   |

## Section Twelve - Your application fees

Your council will charge fees for your consent application. These will include statutory levies payable to BRANZ and the Ministry of Business, Innovation & Employment.

A full fee schedule can be found on the council's website. Please consult this before submitting your application.

## Section Thirteen - Have you signed the application?

All the information contained in this application is, to the best of my knowledge, true and correct.

I understand that work must not commence until the building consent is issued and uplifted.

Name and signature of the owner/agent on behalf of and with the authority of the owner.

Owner/Agent Name: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_

(Enter your name and tick the acknowledge box if you do not have a digital signature)

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

Your local council (or its website) will be able to help you with information specific to the site your application covers.

**Appendix A - List of those involved in the build**

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Role

**Trade:**

Name:

Address:

Contact Number:

Email:

Registration number:

**Trade:**

Name:

Address:

Contact Number:

Email:

Registration number:

**Trade:**

Name:

Address:

Contact Number:

Email:

Registration number:

**Trade:**

Name:

Address:

Contact Number:

Email:

Registration number:

**Trade:**

Name:

Address:

Contact Number:

Email:

Registration number:

## Appendix B - List of Specified Systems (Commercial/Industrial Building Consent Application)

The specified systems for the building are as follows:

*Tick all applicable and outline the performance standards and reporting frequency*

| The following specified systems are existing, being altered, added to or removed in the course of the building work | Existing                 | Altered                  | Added/New                | Removed                  | Complete this section if systems are new, altered or added only |                                   |                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---|-----------------------------------|---------------------|
|   |                          |                          |                          |                          | Inspection performance standards                                | Maintenance performance standards | Reporting Frequency |
| SS1 Automatic systems for fire suppression (eg sprinkler systems) (includes Gas/ Flood Systems)                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS2 Automatic or manual emergency warning systems for fire or other dangers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS3 Electromagnetic or automatic doors or windows   |                          |                          |                          |                          |   |                                   |                     |
| SS3.1 Automatic doors   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS3.2 Access control doors  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS3.3 Interfaced fire or smoke doors or windows   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS4 Emergency lighting systems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS5 Escape route pressurisation systems   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS6 Riser mains for use by fire services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS7 Automatic backflow preventers connected to a potable water supply   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS8 Lifts, escalators, travellers or other systems for moving people or goods within buildings                      |                          |                          |                          |                          |   |                                   |                     |
| SS8.1 Passenger-carrying lifts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS8.2 Service lifts   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS8.3 Escalators and moving walkways  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS9 Mechanical ventilation or air conditioning systems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS10 Building maintenance units (for providing access to the exterior and interior walls of a building)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS11 Laboratory fume cupboards  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |



| The following specified systems are existing, being altered, added to or removed in the course of the building work | Existing                 | Altered                  | Added/New                | Removed                  | Complete this section if systems are new, altered or added only |                                   |                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---|-----------------------------------|---------------------|
|   |                          |                          |                          |                          | Inspection performance standards                                | Maintenance performance standards | Reporting Frequency |
| <b>SS12 Audio Loops or other assistive listening system</b>   |                          |                          |                          |                          |   |                                   |                     |
| SS12.1 Audio loops  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS12.2 FM radio frequency systems and infrared beam transmission systems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| <b>SS13 Smoke control systems</b>   |                          |                          |                          |                          |   |                                   |                     |
| SS13.1 Mechanical smoke control   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS13.2 Natural smoke control  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS13.3 Smoke curtains   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| <b>SS14 Emergency power systems for, or signs relating to, a specified system in 1-13 above</b>                     |                          |                          |                          |                          |   |                                   |                     |
| SS14.1 Emergency power systems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS14.2 Signs for systems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| <b>SS15 Other fire safety systems or features</b>   |                          |                          |                          |                          |   |                                   |                     |
| SS15.1 Systems for communicating spoken information intended to facilitate evacuation                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS15.2 Final exits  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS15.3 Fire separations   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS15.4 Signs for communicating information intended to facilitate evacuation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS15.5 Smoke separations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |
| SS16 Cable cars   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                   |                     |