



# 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

### NOTIFICATION OF PROPOSED CHANGE OF USE (COU)

Please complete this form to your best knowledge and attach supporting documentation for the Council to assess to proposed change of use and identify any other authorisations required for this change.

*(Use this form to notify Council of a building change of use under section 114 (2) of the Building Act 2004)*

#### SECTION 1 - THE BUILDING

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

Legal description of land: \_\_\_\_\_

Building Name: \_\_\_\_\_

Number of levels: *(including ground level and any levels below ground)* \_\_\_\_\_

Year first constructed/age of the building: \_\_\_\_\_

#### SECTION 2 - THE OWNER(S)

Name(s) of owner(s): \_\_\_\_\_

Owner(s) mailing address: \_\_\_\_\_

Owner(s) street address(es)/registered office: *(if different from mailing address)* \_\_\_\_\_

Owner(s) phone number: \_\_\_\_\_

Owner(s) email: \_\_\_\_\_

#### SECTION 3 - FIRST POINT OF CONTACT

Owner(s) - per details above, **or**  Other first point of contact - per detailed below:

##### Other first point of contact

Name: \_\_\_\_\_

Company name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

Contact number: \_\_\_\_\_

## SECTION 4 - THE PROJECT

### Current use

Describe the **current** use:

\_\_\_\_\_

If known please state the current Use(s) of the building as per Schedule 2 of Building (Specified Systems, Change of Use, and Earthquake-prone Buildings) Regulations 2005

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Proposed use

Describe the **proposed** use:

\_\_\_\_\_

Does the change of use relate to all of the building?

All of the building       Part of the building

Does the change involve incorporating a household unit where one did not exist before?

Yes  
 No

Have you already applied for a resource consent or a building consent in relation to this change?

Yes      Please provide details: \_\_\_\_\_  
 No      \_\_\_\_\_

Is the change in use "temporary"

Yes      Estimated duration in months is: \_\_\_\_\_  
 No      \_\_\_\_\_

Has an assessment been made to how the building in its proposed new use will comply as nearly as is reasonably practicable, with the provisions of the building code as required by section 115, Building Act 2004?

Yes      Please attach details  
 No

Will the proposed change of use require building work to meet the upgrade requirements of section 115, Building Act 2004?

Yes      Please attach details  
 No

Will this building work identified above require a building consent\*?

Yes  
 No  
 N/A

\* Note some types of building work may be exempt under Schedule 1, Building Act 2004. This includes provision for a territorial authority to approve a discretionary exemption (exemption 2).

## SECTION 5 - ATTACHMENTS

The following attachments are attached to this notice:

- Property title information
- Fire reports
- Structural assessment
- Plans and specifications of existing building and proposed building work
- Details of access and facilities for persons with disabilities (section 118)
- Cost and benefits assessment (CBS) under section 115
- Gap analysis table - section 115 (see page 4)
- Other:

## SECTION 6 - DECLARATION

---

I declare that all the information in this form is true and correct; and the owner (if not myself) has been notified of the content of this notification.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

On behalf of: (name of  
the property owner) \_\_\_\_\_

---

Signature

---

Date

*Please take the time to ensure all information is correct noting that it is an offence to make false or misleading statements under s369,  
Building Act 2004.*

### Notes

1. The processing of this notification may identify other authorisations that may be required. e.g.
  - Certificate of acceptance
  - Resource consent
  - Retail premises registration
  - Food certificate of registration & license
  - Alcohol license
  - Amusement device certificate of registration
  - HSNO test certificate (hazardous substances)

### Gap Analysis Table - Section 115

Please complete the table below and submit your compliance assessment with the completed form above.

Street address of building: \_\_\_\_\_

Provisions of the building code under S115 of the Building Act 2004	Current compliance//features in the existing building	What features would be required to achieve full compliance with the building code	Upgrade required	Proposed upgrades (Describe the proposed upgrades)
<b>Means of Escape from Fire</b> <u>NZBC</u> Provisions in C1-6, F6, F8			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Protection of Other Property</b> <u>NZBC</u> Provisions in C1-6 Also E1, E3, F3, G4			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Sanitary Facilities</b> <u>NZBC</u> G1, G12, G13			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Structural Performance</b> <u>NZBC</u> B1			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Fire-rating Performance</b> <u>NZBC</u> Provisions in C1-6			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Access &amp; Facilities for People with Disabilities</b> (if this is a requirement under S118) <u>NZBC</u> D1, D2, G5, G1, G2, G3, G9, G12			<input type="checkbox"/> No <input type="checkbox"/> Yes	
All respects of the building code where the change involves the incorporation in the building of <b>1 or more household units where household units did not exist before</b>			<input type="checkbox"/> No <input type="checkbox"/> Yes	