Application for amendment to compliance schedule (Form 11)

Absolutely Positively **Wellington** City Council Me Heke Ki Pōneke

Section 106, Building Act 2004

Council use only SR number: BWoF number:

	Notes '	for th	e app	licant
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A copy of the existing compliance schedule must be attached to this application.

Send your application using one of the following options:

Postal: Building Compliance and Consents

Wellington City Council

PO Box 2199 Wellington 6140

Email: <u>BUSBuildingWoF@wcc.govt.nz</u>

I would like to receive the results of this application by: email post

Please PRINT clearly.

The building (project location)
Building name (if applicable):
Street address and level/unit number of building (for structures that do not have a street address, state the nearest street intersections and the distance and direction from that intersection):
Location of building within site/block number (include nearest street access):
Legal description of land where building is located (state legal description as at the date of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent):
Current, lawfully established use (include number of occupants per level and per use if more than one):

The owner (must be completed and all details must be the owner's)				
All contact details must be in New Zealand.				
Name of owner (include preferred form of address - for example, Mr, Miss, Dr, if an individual):				
Postal address:				
Postcode:				
Phone:				
Email:				

Attach one of the following as evidence: Copy of record of title Lease Agreement for sale and purchase							
Agent (only required if application is being made on behalf of the owner)							
All contact details must be in No	ew Zealand.						
Name (for companies, trusts and other organisations provide a contact person's name):							
Postal address:							
Postcode:							
Street address/registered office	:						
Phone:							
Email:			Website:				
Relationship with owner: (state	details of author	isation from own	er to make the ap	plication on the owner's behalf)			
First point of contact							
Further information:							
Owner Agent Ot	ther Pho	one:					
Correspondence: Owner Agent Ot							
Invoicing:							
Owner Agent Ot	ther Pho	one:					
Application I request that th	e compliance s	chedule for the	e above building	be amended as follows:			
Specified system			ding Consent	Reason (state why amendment is required to			
(requiring amendment)	Add Alter		SR (If applicable)	ensure that the specified system meets the performance standards)			
Signed by the owner or agent (on behalf of, and with the authority of, the owner)							
Name: Date:							
Signature:							

Proof of ownership (must be less than 3 months old)