

Application for code compliance certificate (Form 6)

Section 92, Building Act 2004

Send or deliver your application to: Building Consents and Licensing Services, Wellington City Council, PO Box 2199, 101 Wakefield Street, Wellington. For enquiries, phone 801 4311.

Council use only:

Application #

Property ID

The building consent

Street address of building

Building consent number

Issued by: _____

The owner

Name of owner

[include preferred form of title, eg Mr, Miss, Dr if an individual, and the contact person's name if a company, trust or similar]

Owner's mailing address

Street address/registered office

Owner's contact details

Landline: _____

Mobile: _____

Fax: _____

Email: _____

After hours: _____

Proof of ownership

[please **attach** one of the following as evidence]

- Copy of certificate of title, no more than three months old
 Lease
 Agreement for sale and purchase
 Ownership unchanged

Agent (only required if application is being made on behalf of the owner)

Name of agent

[include the contact person's name if a company, trust or similar]

Agent's mailing address

Street address/registered office

Agent's contact details

Landline: _____

Mobile: _____

Fax: _____

Email: _____

After hours: _____

First point of contact

Further information

Owner Agent

Other _____

Phone _____

Correspondence

Owner Agent

Other _____

Phone _____

Invoicing

Owner Agent

Other _____

Phone _____

Application

All building work carried out under the above building consent was completed on _____

The personnel who carried out the building work are as follows

[please cross out any that are not applicable to this project]

Concreter

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Joiner

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Tanking application

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Plasterer/textured coater

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/qualification: _____

Product name: _____

Manufacturer: _____

Gasfitter

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/qualification: _____

Electrician

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/qualification: _____

Plumber

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/qualification: _____

Drainlayer

Business/name: _____

Address: _____

Landline: _____ Mobile: _____

After hours: _____ Fax: _____

Registration/qualification: _____

Carpenter

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Fax: _____
 Registration/qualification: _____

Brick/block layer

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Fax: _____
 Registration/qualification: _____

Deck/roof membrane application

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Fax: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Rofer

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Fax: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Concealed fascia installer

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Fax: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

Other

Business/name: _____
 Address: _____
 Landline: _____ Mobile: _____
 After hours: _____ Fax: _____
 Registration/qualification: _____
 Product name: _____
 Manufacturer: _____

I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004.

The code compliance certificate should be sent to

[state which address, and whether owner or agent]

Name: _____
 Address: _____

Signatures**Signed by the owner**

Signature: _____
 Name: _____
 Date: _____

OR

Signed by the agent

[on behalf of, or with authority from, the owner]

Signature: _____
 Name: _____
 Date: _____

Attachments**The following documents are attached to this application**

[tick boxes that apply]

- Certificates from the personnel who carried out the work
- Certificates that relate to the energy work [ie gas, electricity]
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent

Compliance schedule

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing standards set out in the building consent

<input type="checkbox"/> There are no specified systems in the building	
Automatic systems for fire suppression (eg sprinkler systems)	<input type="checkbox"/>
Electromagnetic or automatic doors or windows (eg ones that close on fire alarm activation)	<input type="checkbox"/>
Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>
Means of access and facilities for use by people with disabilities, which meet the requirements of section 118	<input type="checkbox"/>
Building maintenance units for providing access to the exterior and interior walls of buildings	<input type="checkbox"/>
Lifts, escalators, travelators or other systems for moving people or goods within buildings	<input type="checkbox"/>
Any automatic back-flow preventer connected to a potable water supply	<input type="checkbox"/>
Emergency power systems for, or signs relating to, a system or feature specified	<input type="checkbox"/>
Such signs as are required by the Building Code or by section 120	<input type="checkbox"/>
Cable Car (including to individual dwelling)	<input type="checkbox"/>
Escape-route pressurisation systems	<input type="checkbox"/>
Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>
Safety barriers	<input type="checkbox"/>
Laboratory fume cupboards	<input type="checkbox"/>
Audio loops or other assistive listening systems	<input type="checkbox"/>
Emergency lighting systems	<input type="checkbox"/>
Riser mains for Fire Service use	<input type="checkbox"/>
Means of escape from fire	<input type="checkbox"/>
Hand-held hose reels for fire fighting	<input type="checkbox"/>
Smoke-control systems	<input type="checkbox"/>

The following councils developed this form in partnership: Kapiti Coast District, Porirua City, Wellington City, Hutt City, Upper Hutt City.