

## Application for a certificate for public use

### Building Act 2004, Section 363A

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

## Premises/part of premises

### Description of premises/part of premises for which a certificate is sought

[identify the building in which the premises or part of the premises are located and describe those premises or part of the premises]

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[if appropriate, provide plans or diagrams that clearly show the premises or part of the premises]

## Building work affecting premises/part of premises

### Building consent number/s

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Issued by (authority that issued the building consent): \_\_\_\_\_

## The applicant (the person who owns, occupies or controls premises)

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

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**Contact person** [only required if different from applicant]

### Applicant's mailing address

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### Applicant's contact details

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

After hours: \_\_\_\_\_

**Applicant's status** [please attach one of the following as evidence of the applicant's status as owner, occupier or person in control of the premises]

Copy of certificate of title  Lease  Agreement for sale and purchase  Licence  Property management agreement, showing the name of the applicant

**Owner's name and address** [if different from applicant]

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**Agent** (only required if application is being made on behalf of the owner, occupier or person in control of the premises)

Name of agent

Contact person

Agent's mailing address

Agent's contact details

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

After hours: \_\_\_\_\_

Relationship to owner

[state details of the authorisation from the owner to make the application on the owner's behalf]

**Application**

I confirm that no code compliance certificate has been issued for the building work.

It is intended to permit members of the public to use the premises/part of the premises described above for the following purposes and in the following circumstances: [describe purposes and circumstances]

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Members of the public can use the premises/part of premises described above safely because:

[state reasons for statement and include any precautions taken to protect the public, information on any specified systems in the premises or part of the premises and the management of any special risks (eg means of escape from fire) on site]

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[attach further information as necessary]

## Contacts *(provide all details where relevant)*

### Designer/architect

Business/name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/qualification: \_\_\_\_\_

### Structural engineer

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/qualification: \_\_\_\_\_

### Engineer

Business/name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Qualification/college: \_\_\_\_\_

### Plumber

Business/name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/qualification: \_\_\_\_\_

### Builder

Business/name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/qualification: \_\_\_\_\_

### Drainlayer

Business/name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/qualification: \_\_\_\_\_

### Head contractor/site manager

Business/name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/qualification: \_\_\_\_\_

### Other

Business/name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

After hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration/qualification: \_\_\_\_\_

*I request that you issue, under section 363A(2) of the Building Act 2004, a certificate for public use for the premises or the part of the premises described above, on behalf of, and with the authority of, the owner/occupier/person in control.*

*Signature of owner, occupier, person in control of the premises/agent*

Signature: \_\_\_\_\_

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

## Attachments

**The following documents are attached to this application if required**

[tick boxes that apply]

- Evidence of applicant's status
- Plans and diagrams showing the premises or part of the premises described above
- Documentation relevant to the safety of the premises/part of premises (eg an engineer's report, certificates concerning specified systems)