



# Application for a Certificate of Acceptance

## Section 97, Building Act 2004

Send or deliver your application to: Building Consents Services, PO Box 444, 66 Chapel Street, Masterton. For enquiries, phone 378 9666.

Application #

## The Building

Street address of building:

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

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]

\_\_\_\_\_

Building name: [if applicable]

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

Location of building within site: [include nearest street access]

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

Number of levels: [include ground level and any levels below ground]

\_\_\_\_\_

Level/Unit Number: [if applicable]

\_\_\_\_\_

Area: total floor area [indicate area affected by the building work if less than the total area]

\_\_\_\_\_

Current, lawfully established, use: [include number of occupants per level and per use if more than 1 level]

\_\_\_\_\_

Year first constructed: [insert year, approximate date is acceptable e.g: c1920s or 1960-1970]

\_\_\_\_\_

## The Owner

Name of Owner: [include preferred form of title, eg, Mr, Miss, Dr, if an individual]

\_\_\_\_\_

Contact Person: [only required if different from Owner]

\_\_\_\_\_

Mailing address:

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

Street address/Registered office:

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

Contact details:

Landline: \_\_\_\_\_

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

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

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

Facsimile number: \_\_\_\_\_

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

Please attach one of the following as evidence of ownership to this application:

copy of certificate of title,  lease,  agreement for sale and purchase,  or other document no older than 3 months showing full name of legal owner(s) of the building

In addition to the deposit paid, fees will be charged for the work carried out to process this application at the hourly rate set out in the building consent fee schedule.

## Agent

**Name of Agent:** *[only required if application is being made on behalf of the owner]*

**Contact Person:**

**Mailing address:**

**Street address/Registered office:**

**Contact details:**

Landline: \_\_\_\_\_

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

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

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

Facsimile number: \_\_\_\_\_

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

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

## First point of contact

*[if different from Owner or Agent]*

**Name of contact:**

**Mailing address:**

**Street address/Registered office:**

**Contact details:**

Landline: \_\_\_\_\_

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

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

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

Facsimile number: \_\_\_\_\_

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

I request that you issue a certificate of acceptance for the building work described in this application.

**Signed by the owner OR**

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

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

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

**Signed by the agent** *[on behalf of, or with authority from, the owner]*

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

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

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

# Building Work

## Description of the building work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Date building work carried out:

\_\_\_\_\_

### Concreter:

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

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

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

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

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

Product name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

### Joiner:

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

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

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

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

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

Product name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

### Tanking applicator:

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

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

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

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

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

Product name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

### Plasterer/textured coater:

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

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

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

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

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

Product name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

### Gasfitter:

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

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

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

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

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

### Electrician:

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

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

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

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

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

### Plumber:

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

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

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

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

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

### Drainlayer:

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

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

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

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

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

### Carpenter:

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

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

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

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

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

### Brick/Block layer:

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

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

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

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

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

**Deck/roof membrane applicator:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Roofer:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Concealed fascia installer:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

**Others:**

Business/name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 After hours: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Registration/qualification: \_\_\_\_\_  
 Product name: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

Did the building work result in a change of use of the building? (ie Commercial, Industrial, Residential)  Yes  No

**If yes, provide details of the new use:**

\_\_\_\_\_

**Intended life of the building if less than 50 years:**

\_\_\_\_\_ years

**List building consents previously issued for this project (if any):** *[list who issued the consent, the date of issue and the consent number]*

\_\_\_\_\_

**Estimated value of the building work on which the building levy will be calculated (including goods and services tax):**

*[state estimated value as defined in section 7 of the Building Act 2004]* \$ \_\_\_\_\_

**The following plans and specifications are attached to this application:** *[tick boxes applicable]*

- specifications  calculations  plans  
 producer statement  other \_\_\_\_\_ *please specify*

*[All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority]*

**Reasons why a certificate of acceptance is required:** *[tick boxes applicable]*

The owner, or the owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: *[explain in detail]* \_\_\_\_\_

- A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: *[delete one of the following]*

(a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: *[explain in detail]*

(b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: *[explain in detail]*

**Reasons why a certificate of acceptance is required (continued):** [tick boxes applicable]

The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work:  
 [state details of name of building consent authority and building consent granted]

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**Compliance Schedule**

[Delete this section if this is an application for a project memorandum only]

**The following specified systems are existing, being altered, added to, or removed in the course of the building work:**

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

## Attachments

The following documents are attached to this application: [tick boxes applicable]

- Project information memorandum
- Plans and specifications
- Certificates from personnel who carried out the building work
- Energy work certificate
- Certificates from personnel who supervised the building work
- Investigatory Reports

**Council use only:**

Mail  Desk



## **CHECKSHEET** (Effective from 31 March 2005)

### **Certificate of acceptance**

Customer  
use

Office Use  
only

#### **COMPLETE FOR CERTIFICATE OF ACCEPTANCE APPLICATIONS ONLY**

a **Date of Construction**

Provide proof of date of construction such as signed / dated building contract payments

b **Work closed in**

Provide supporting evidence that work closed in and now not able to be inspected complies with the current building code.

- Photographs
- Concrete certificates
- Material supply docketts
- PS4 from supervising engineers
- Expert opinion reports

c **Completed building consent application checksheet appropriate for the scope of the work carried out**

d **Application fee**

Applications will not be accepted without payment of the appropriate fees. Fees payable are set out in the published fee schedule of the council that has jurisdiction over the project site.

**Council use**

*Application accepted as complete:*

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Building category:* \_\_\_\_\_