



MASTERTON DISTRICT COUNCIL

Application for a Waiver or modification to specific clause of the Building Code

Section 67, Building Act 2004

Send or deliver your application to: **Masterton District Council Building Consent Services**,
PO Box 444, 66 Chapel Street, Masterton. For enquiries phone (06) 370 6300

The Building

Street address of Building:

Building consent number for affected work:

The Owner

Name of the Owner:

Contact Person:

Mailing Address:

Street address / Registered office:

Contact details:

| | |
|-------------------------|--------------------|
| Landline: _____ | Mobile: _____ |
| Daytime: _____ | After hours: _____ |
| Facsimile number: _____ | Email: _____ |

Agent if applicant other than owner

Name of Agent:

Contact Person

Mailing address

Street address / Registered office

Contact Details:

| | |
|-------------------------|-------------------|
| Landline: _____ | Mobile: _____ |
| Daytime: _____ | After Hours _____ |
| Facsimile number: _____ | Email: _____ |

Building Code clause to which a waiver or modification is requested

Identify the specific clause of the building code to which this application for a waiver or modification has been requested.

Handwritten text area with horizontal lines.

State the reasons as to why a waiver or modification has been requested and why compliance with the building code cannot be achieved:

Handwritten text area with horizontal lines.

I request that you issue, under section 67 of the Building Act 2004, a waiver or modification for the sections of the building code described above.

Signed: _____

Position: _____

Date: _____