

Form 6: Application for Code Compliance Certificate Section 92, Building Act 2004

1. THE BUILDING CONSENT [Complete ALL fields on this form. Pu	t N/A if not applicable. Cross out mis	takes don't use white out fluid / tape]	
Building Consent Number:			OFFICE ONLY:	
Project address:			Date received:	
Building Consent issued by:				
[Name of the Council / Bu	uilding Consent Authority (BCA) that g	granted the building consent]		
2. THE OWNER	3.	AGENT [Only required if applicate	ion is being made on behalf of the owner]	
Name of Owner / Company: Contact person [If the Owner is NOT an individual]: Mailing address:		Name of Agent / Company: Contact person [If the Agent is NOT an individual]: Mailing address:		
Street address / registered office:		Street address / registered office:		
Phone Number:		Phone Number:		
Landline:		Landline:		
Mobile:		Mobile:		
Daytime:		Daytime:		
After hours:		After hours:		
Facsimile number:		Facsimile number:		
Email address:		Email address:		
Website: The following evidence of ownership is attached to this application: ☐ Copy of Record of Title ☐ Lease Agreement ☐ Agreement for Sale and Purchase ☐ Other Document:		Website: Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf]		
		FIRST POINT OF CONTACT: For communications with the Council / Building Consent Authority: Owner Agent Full name & contact details supplied INVOICE TO: Owner Agent		
4. APPLICATION [Tick those boxe	s that are annlicable			
<u> </u>		ed on this form was COMPLET	ED on[INSERT DATE]	
The <u>Licensed Building Practition</u> supervised the restricted building	ner(s) who carried out or		icable as NO restricted building work	
Name	Licensing Class	practitioner number	Particular work carried out or supervised	
			[Continue on the next page if necessary]	
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Name	Licensing Class	Licensed building practitioner number [or registration number if treated as being licensed under section 291 of Build Act 2004]	ling	Particular work carried out or supervised
				[Continue on another page if necessary]
The personnel who carried of [List names, addresses, telephone name of Drainlayers Board registration number 1]	out <u>building work OTHER than unbers, and (where relevant and if not pumbers)</u>	restricted building wor provided above) licensed build	k are	e as follows: actitioner numbers or Plumbers, Gasfitters,
Name	Address			one No.
	[Contact details must be in New Zeala.	nd]		ense / Registration No:
			PH:	P / Registration No:
			PH:	P / Registration No:
			PH:	P / Registration No:
			PH:	P / Registration No:
			PH:	P / Registration No:
			PH:	P / Registration No:
			PH:	P / Registration No:
			PH:	P / Registration No:

[Continue on another page if necessary]

 SPECIFIED SYSTEMS The following specified systems are contained on the Compliance Schedule for the compliance Schedule				
installed them, are capable of performing to the performance standards set out in the	· ·		e tick as approp	oriate]
 ☐ The specified systems for the building are as follows: [Specified systems are define ☐ The following specified systems have been altered, added to, or removed in the 	•		√: Ω Β	
☐ There are NO specified systems in the building [Note: If unsure whether your building]		•		vour architect
The following specified systems are being altered, added to, or removed in the	Existing	New or	Altered	Removed
course of the building work: [Tick those that are applicable]	[✓ Tick]	Added [✓ Tick]	[✓ Tick]	[✓ Tick]
SS1 Automatic systems for fire suppression (e.g. sprinkler systems)				
SS2 Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and serves only that unit)				
SS3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm	activation)			
SS3/1 Automatic doors				
SS3/2 Access controlled doors				
SS3/3 Interfaced fire or smoke doors or windows				
SS4 Emergency lighting systems				
SS5 Escape route pressurisation systems				
SS6 Riser mains for use by fire services				
SS7 Automatic back-flow preventers connected to a potable water supply				
SS8 Lifts, escalators, travelators, or other systems for moving people or goods within b	ouildings		-	
SS8/1 Passenger carrying lifts				
SS8/2 Service lifts				
SS8/3 Escalators and moving walks (travelators)				
SS9 Mechanical ventilation or air conditioning systems				
SS9/1 Mechanical ventilation				
SS9/2 Air conditioning systems				
SS10 Building maintenance units providing access to exterior and interior walls of buildings				
SS11 Laboratory fume cupboards				
SS12 Audio loops or other assistive listening systems				ı
SS12/1 Audio loops				
SS12/2 FM radio frequency systems and infrared beam transmission systems				
SS13 Smoke control systems				
SS13/1 Mechanical smoke control				
SS13/2 Natural smoke control				
SS13/3 Smoke curtains				
SS14 Emergency power systems for, or signs relating to, a system or feature specified	in any of claus	ses 1 to 13		
SS14/1 Emergency power systems				
SS14/2 Signs in relation to any specified systems 1-13				
SS15 Any or all of the following systems and features, so long as they form part of a but those means also contain any or all of the systems or features specified in clause			rom fire, and	so long as
SS15/1 Systems for communicating spoken information intended to facilitate evacuation				
SS15/2 Final exits				
		[Continue on	the next page	if necessary]

	Existing [✓ Tick]	New or Added [✓ Tick]	Altered [✓ Tick]	Removed [✓ Tick]
SS15/3 Fire separations (as defined by the Building Code)				
SS15/4 Signs for communicating information intended to facilitate evacuation				
SS15/5 Smoke separations				
SS16 Cable Cars				
6. REQUEST	·			
I request that you issue a Code Compliance Certificate for this work under sect The Code Compliance Certificate should be sent to: [State which address and wh		Act 2004.		
Owner Agent Name of Owner / Agent:				

		ance Certificate for this work under section 95 of the Ed be sent to: [State which address and whether Owner or	
☐ Owner	☐ Agent	Name of Owner / Agent:	
Address:			
Signature of: OW	NER or by the [$\ \square$ AGENT on behalf of and with the authority of the	e Owner: [tick correct one]
Signature:		Name of person Signing:	Date:
7. ATTACHMEN	ITS [The following	g documents are attached to this application]:	
☐ Other documents	from the personne	el who carried out the work e.g. Producer Statements	s, As-laid drainage plans.
☐ Memoranda (Reco supervised.	ords of Building W	ork) from licensed building practitioner(s) stating what	at restricted building work they carried out or
☐ Certificates that re	late to the energy	work e.g. electrical or gas certificates.	
☐ Evidence that spe			

NOTE: Incomplete applications cannot be lodged. You will be asked to complete the application and re-submit it.















