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**COMPLIANCE
SCHEDULE NUMBER:**

DATE RECEIVED:

APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE (Form 11)

OFFICE USE ONLY

Building Consent Issued YES NO

Certificate of Acceptance Required YES NO

Building Consent No (if applicable): _____

APPLICATION

I request that you issue an amended Compliance Schedule for the building work described in this application.

THE BUILDING

Street Address (or Rapid No if applicable):

Building Name (if applicable):

Legal Description: Lot:

DP:

Valuation Roll Number:

Number of Levels:

Level/Unit No:

Total Floor Area: (all floors included)

Existing: m² Add: m²

Current lawfully established use:

Approx year building first constructed:

Location of building within site/block number:

THE OWNER

Name of Owner:

Contact Person:
(if owner is not an individual)

Mailing/Billing Address:

Street Address/Registered Office:

E-mail Address:

Phone Day:

Phone A/Hours:

Fax:

Mobile

Website:

Landline:

Evidence of ownership provided: (ie copy of certificate of title, lease, agreement for sale and purchase, or other document showing full name of legal owner(s) of the building)

THE AGENT *(only required if application is being made on behalf of the owner)*

Agent's Name:

Contact Person:
(if Agent is not an individual)

Mailing/Billing Address:

Street Address/Registered Office:

E-mail Address:

Phone Day:

Phone A/Hours:

Fax:

Mobile

Website:

Landline:

Relationship with owner (state details of authorisation from owner to make the application on the owner's behalf)

First point of contact for communications with the council: (state full name, mailing address, phone number(s) facsimile number(s) and email address(es):

AMENDMENTS

SS	Please tick the relevant boxes to show which systems are existing or to be amended	Existing	New / Modified	Removed	State why amendment is required to ensure that the specified system meets the performance standard	
					Existing	Amended to:
1	Automatic systems for fire suppression (eg, sprinkler systems)					
2	Automatic or manual emergency warning systems					
3/1	Automatic doors					
3/2	Access controlled doors					
3/3	Interfaced fire or smoke doors or windows (incl electromagnetic)					
4	Emergency lighting systems					
5	Escape route pressurisation systems					
6	Riser mains (for fire service use)					
7	Automatic back-flow preventers					
8/1	Passenger lifts					
8/2	Service lift					
8/3	Escalator/moving walks					
9	Mechanical ventilation or air conditioning systems					
9A	Cooling tower as a part of an air conditioning system					
9B	Cooling tower as part of a processing plant					
10	Building maintenance units					
11	Laboratory fume cupboards					
12	Audio loops or other assistive listening systems					
13/1	Mechanical smoke control					
13/2	Natural smoke control					
13/3	Smoke curtains					
14/1	Emergency power systems					
14/2	Signs relating to a system or feature					
15	Means of Escape from Fire					
15/1	Systems for communicating spoken information intended to facilitate evacuation					
15/2	Final exit (as defined by A2 of the Building Code)					
15/3	Fire separations					
15/4	Signs for communicating information intended to facilitate evacuation					
15/5	Smoke separations					
16	Cable cars					
	MAXIMUM OCCUPANT LOAD	PURPOSE GROUP		FIRE HAZARD CATEGORY		
	Existing:	Amended to:	Existing:	Amended to:	Existing:	Amended to:

SIGNATURE

Signed by or for and on behalf of the Owner: _____ Owner Agent Date: _____

REQUIRED ATTACHMENTS

Documents, calculations to support specified systems