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www.bullerdc.govt.nz

DATE RECEIVED:

EXEMPTION NUMBER:

APPLICATION FOR AN EXEMPTION FROM BUILDING CONSENT

LOCATION / SITE

Site/Location Address: (or Rapid Number if applicable):

Legal Description: Valuation Roll Number:

Current lawfully established use: Approximate year building was first constructed (approximate date acceptable):

THE APPLICANT

Owner Name: Owner Phone:

Mailing Address: Mobile:

Email address:

COMPLETE CONTACT NAME AND DETAILS ONLY IF DIFFERENT TO OWNER DETAILS.

Contact Name Contact Phone:

Contact Mailing Address: Mobile:

Email address:

My preferred method of written communication is Email Post

PROPOSED WORK

FOR ALL QUESTIONS, PLEASE CONTINUE ON SEPARATE PAGE IF REQUIRED

Describe clearly all the building work you wish to be covered by the exemption. If the proposed work includes repair work, please also describe the damage that is being repaired.

Explain how you will ensure that compliance with the New Zealand Building Code is achieved and/or how any danger to people or buildings will be avoided or mitigated during and after completion of the building work.

PROPOSED WORK - CONTINUED

Provide the names, occupations and any relevant registration/licence numbers of all the people who will carry out the building work.

List any attachments or additional information you are submitting with this form. (eg photos, calculations, producer statements etc)

SERVICE CONNECTIONS AND VEHICLE CROSSINGS

To assist us with advising you about other requirements, please answer the following questions:

- Yes No Is an existing water connection to be removed with this project?
- Yes No Is a new stormwater connection to the street required?
- Yes No Is a new vehicle crossing required or an existing crossing altered for this project?

DECLARATION

Completed and signed by Owner or Agent

I/We understand that the fees charged at lodgement are a deposit only, and that Council will charge me/us for all costs actually and reasonably incurred in processing this application.

All of the above information is, to the best of my knowledge, true and correct. I understand that all plans, documentation & reports submitted as part of an application are required to be kept available for public record, therefore the public (including business organisations & other units of the Council) may view this application, once submitted.

Signature: _____

Date: _____

Print Name: _____

If you are signing this application on behalf of a company/trust/other entity, you are declaring that you are duly authorised to sign on behalf of the applicant to make such an application.

INTERNAL OFFICE USE ONLY

Exemption Granted: Yes No

Processing Officer: _____

Processing Time:	Schedule 1 Clause/s:
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Reason for Approval / Refusal:

ADMINISTRATION

Administration Officer	
Invoice Number/Date	
Notification to applicant	

FEES AND CHARGES

Processing Fee	
TOTAL CHARGES	