

 <b>BULLER</b> DISTRICT COUNCIL	P O Box 21, Westport Phone: (03) 788 9112 Fax: (03) 788 8041 www.bullerdc.govt.nz	P O Box 75, Reefton Phone: (03) 732 8821 Fax: (03) 732 8822	<b>DATE RECEIVED:</b>	<b>COMPLIANCE SCHEDULE NUMBER:</b>

## APPLICATION FOR NEW COMPLIANCE SCHEDULE BAM 011A

### OFFICE USE ONLY

Building Consent Issued	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Certificate of Acceptance Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Building Consent No (if applicable): _____					

### APPLICATION

I request that you issue a Compliance Schedule for the building as 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:	m <sup>2</sup> Add: m <sup>2</sup>
Current lawfully established use:		Approx year building first constructed:	

### THE OWNER

Owner's Name:	Contact Person: <i>(if owner is not an individual)</i>	
Mailing/Billing Address:		
Street Address/Registered Office:		
E-mail Address:	Phone Day:	
Phone A'Hours:	Fax:	Cellphone:

### THE AGENT

*Note - The Agent will be the first point of contact for communications with the Council/Building Consent Authority regarding this application/building work and will receive all correspondence including all invoices.*

Agent's Name:	Contact Person: <i>(if Agent is not an individual)</i>	
Mailing/Billing Address:		
Street Address/Registered Office:		
E-mail Address:	Phone Day:	
Phone A'Hours:	Fax:	Cellphone:

### REQUIRED ATTACHMENTS

Evidence of ownership attached to this application:	<input type="checkbox"/> Certificate of Title
	<input type="checkbox"/> Sale and Purchase Agreement
<input type="checkbox"/> Copy of existing Compliance Schedule	
<input type="checkbox"/> Anything else?	

## SPECIFIED SYSTEMS

SS	Please tick the relevant boxes to show which systems are on site.	On site	Year and standard installed, and location in building
1	Automatic systems for fire suppression (for example, sprinkler systems)		
2	Automatic or manual emergency warning systems		
3	Electromagnetic or automatic doors or windows		
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	Lifts/escalators/travelators/other systems for moving people or goods within buildings ( <b>8/1</b> Passenger lifts, <b>8/2</b> Service lift, <b>8/3</b> 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	Smoke control systems ( <b>13/1</b> Mechanical smoke control, <b>13/2</b> Natural smoke control, <b>13/3</b> Smoke curtains)		
14	Emergency power systems for, or signs relating to, a system/feature specified in any of the clauses 1-13		
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		
	<b>MAXIMUM OCCUPANT LOAD</b>	<b>PURPOSE GROUP</b>	<b>FIRE HAZARD CATEGORY</b>

### SIGNATURE

Signed by or for and  
on behalf of the Owner: \_\_\_\_\_

- Owner  
 Agent

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

**Note:** If acting "for and on behalf", please read the following declaration before signing: "I hereby declare that I am authorised to act as Agent of the Owner".