



P O Box 21, Westport Phone: (03) 788 9112 Fax: (03) 788 8041
 P O Box 75, Reefton Phone: (03) 732 8821 Fax: (03) 732 8822
 www.bullerdc.govt.nz

DATE RECEIVED:

PROJECT NO:

CANCELLATION REQUEST BUILDING CONSENT AND / OR PROJECT INFORMATION MEMORANDUM APPLICATION

BUILDING	Site/Location Address: (or Rapid Number):	Legal Description:
	Building Name if applicable:	Valuation Roll Number:

THE OWNER	If ownership has changed since the application was made, new evidence of ownership must be provided.	
	Owners Name:	Contact person:
	Mailing Address:	
	Contact Phone:	

SIGNATURE	I request that the Building Consent / Project Information Memorandum noted above be cancelled as it is not my intention to proceed with the building work. I agree to pay any outstanding fees due from the processing of the application to date	
	<i>Note: Signature must be owner</i>	
	Signature: _____	Date: _____
	Print Name: _____	

INTERNAL OFFICE USE ONLY

Status: <input type="checkbox"/> Received/Issued <input type="checkbox"/> Released					
	Fees	Charges	Credit	Transaction Details	
Administration Fee				Deposit Receipt/Date	
Processing Charges				Release Receipt/Date	
Inspections				DEPOSIT PAID	
Compliance Schedule				Released Payment	
CC Certificate				Total Paid	
PIM				Charges	
Other				Credit	
BCA Levy				Invoice/Credit Amount	
DBH Levy				Invoice/Credit Note	
BRANZ Levy				Date	
TOTAL				Actioning Officer:	

Updated: 12/09/13