



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

DATE RECEIVED:

COMPLIANCE SCHEDULE NUMBER:

## APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE BAM 011

This form may be used at any Mainland Building Consent Authority

### 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: 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:  
*(if owner is not an individual)*

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:  
*(if Agent is not an individual)*

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:

- Certificate of Title  
 Sale and Purchase Agreement

Copy of existing Compliance Schedule

Anything else?

# AMENDMENTS

SS	Please tick the relevant boxes to show which systems are existing or to be amended	Existing	New / Modified	Removed	Amendment Required / Reason Or N/A		
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 (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	Smoke control systems (13/1 Mechanical smoke control, 13/2 Natural smoke control, 13/3 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>		
Existing:		Amended to:		Existing:		Amended to:	

## 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”.