



P O Box 21, Westport  
Phone: (03) 788 9111  
Fax: (03) 788 8041

P O Box 75, Reefton  
Phone: (03) 732 8821  
Fax: (03) 732 8822

www.bullerdc.govt.nz

PROJECT NO:

DATE RECEIVED:

## FORM 2 (AMENDMENT): APPLICATION FOR AMENDMENT TO BUILDING CONSENT

APPLICATION

**Building consent applications** can now be lodged online at <https://consents-westcoast.abcs.co.nz>. You still need to pay a deposit and this can be done by internet banking referencing the applicant name and site address to which the building work relates. **Hard copy applications** will still be accepted.

I request that you issue an amendment to a Building Consent already issued for the building work described in this application.

### THE BUILDING

Site/Location Address: (or Rapid Number if applicable):	Current lawfully established use:	
Legal Description :	Total Floor Area (all floors included): Existing _____ m <sup>2</sup> New _____ m <sup>2</sup>	
Valuation Roll Number:	Number of levels:	Level/Unit No:
Building Name if applicable:	Approximate year building was first constructed:	

### THE PROJECT

Description of amended work: _____ _____ _____	Estimated Value of amended work (inc GST) (in addition to, or reduction from, what was stated with the original application) Further building levies may apply.  \$ _____  <input type="checkbox"/> Addition <input type="checkbox"/> Reduction <input type="checkbox"/> No change  Associated Resource Consent/s: # _____
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### THE OWNER

### AGENT – APPLICANT

Owners Name:	Agents Name:	
Contact person: (if owner is not an individual)	Contact person:	
Mailing Address:	Mailing/Billing Address:	
Street Address/Registered Office	Street Address/Registered Office	
E-mail address:	E-mail address:	
Phone Numbers:	Phone numbers:	
Daytime:	Mobile:	Daytime:
After hours:	Fax:	After hrs:
Evidence of ownership attached to this application: <input type="checkbox"/> Certificate of Title <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Sale and Purchase Agreement <input type="checkbox"/> Other	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.	

### REQUIRED ATTACHMENTS

- Project Information Memorandum
- 1 copy of amended plans, including **all** construction details with **amendments highlighted or clouded**

**KEY PERSONNEL**

Name of <b>Builder</b> :	Phone Number:
Mailing Address:	Registration Number:
E-mail Address:	

Name of <b>Craftsman Plumber</b> :	Phone Number:
Mailing Address:	Registration Number:
E-mail Address:	

Name of <b>Registered Drainlayer</b> :	Phone Number:
Mailing Address:	Registration Number:
E-mail Address:	

Name of <b>Architectural Designer</b> :	Phone Number:
Mailing Address:	Registration Number:
E-mail Address:	

Name of <b>Structural Engineer</b> :	Phone Number:
Mailing Address:	Registration Number:
E-mail Address:	

Has the engineer provided a Producer Statement – Design?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if yes, these must be specified on the Producer Statement)
Has the engineer been engaged to carry out site inspections on the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**SIGNATURE**

<input type="checkbox"/> Owner	<input type="checkbox"/> We require our plans and/or specifications to remain confidential
<input type="checkbox"/> Agent	
_____	_____
Signed by or for and on behalf of the Owner	Date

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

**NOTES**

- This does not apply to building consents that already have a Code Compliance Certificate issued.**
- This application is for minor amendments to issued building consents. It is not intended to be used where the scope of work is extended.
- Processing fees (plus any additional Building or Building Research Levies) are to be paid before any work covered by the amendment may proceed.

**OFFICE USE ONLY**

<b>Additional Comments</b>	<b>FEES</b>		<b>APPROVED</b> in compliance with the Building Act and NZ Building Codes <b>BULLER DISTRICT COUNCIL</b>
	Administration	_____	
	Processing	_____	
	DBH Levy	_____	
	BRANZ Levy	_____	
	<b>Total</b>	=====	..... <i>Inspector/Contractor</i> <i>Date</i>

Invoice No.:

Date:

Receipt No.: