

 <p><b>BULLER</b> DISTRICT COUNCIL <i>Te Kaunihera O Kawatiri</i></p>	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	<b>DATE RECEIVED:</b>	<b>PROJECT NO:</b>
www.bullerdc.govt.nz				

**REQUEST FOR EXTENSION OF TIME FOR BUILDING CONSENT**

<b>SITE</b>	<b>Site/Location Address:</b> (or Rapid Number):
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<b>THE APPLICANT</b>	If ownership has changed since the application was made, new evidence of ownership must be provided.	
	<b>Applicant Name:</b>	<b>Contact person:</b>
	<b>Mailing Address:</b>	
	<b>Contact Phone:</b>	

<b>WORK / EXTENSION</b>	Has building work commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Reason why extension of time is required:</b> _____ _____ _____

<b>SIGNATURE</b>	I request an extension of time to complete the building work on the consent noted above. I understand there is a fee of \$25.00 payable for processing this application.	
	<b>Signature:</b> _____	<b>Date:</b> _____
	<b>Print Name:</b> _____	

**INTERNAL OFFICE USE ONLY**

Receipt Number & Date:	Invoice Number and Date:
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**Extension Granted**     Yes     No    New Expiry Date: \_\_\_\_\_  
 If No, state reason why:  
 \_\_\_\_\_  
 \_\_\_\_\_

_____ <i>Approving Officer's Signature</i>	_____ <i>Name</i>	_____ <i>Position</i>	_____ <i>Approval Date</i>
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**Administration**

<input type="checkbox"/> BAM 325 Letter sent	Date:	/ /	Initials:	_____
<input type="checkbox"/> Computer status updated (incl new date)	Date:	/ /	Initials:	_____

**When complete, file with building consent on property file.**