



Building Consent Or PIM No: .....

Valuation or Property No: .....

35 Coles Crescent  
Private Bag 7  
Papakura,  
New Zealand  
Telephone: (09) 295 1300  
Facsimile: (09) 298 1906  
www.papakura.govt.nz

## Application For / Amendment to Compliance Schedule

Section 106, Building Act 2004

<p><b>The Building:</b></p> <p>Street Address: .....</p> <p>.....</p> <p>Legal Description: Lot: .....</p> <p>DP: .....</p> <p>Building Name: [If applicable]</p> <p>.....</p> <p>Location within site/block: .....</p> <p>.....</p> <p>Number of levels: .....</p> <p>Level/Unit No: [If applicable] .....</p> <p>Current lawfully established use: .....</p>	<p><b>The Owner:</b></p> <p>Name: .....</p> <p>Contact Person: .....</p> <p>Mailing Address: .....</p> <p>.....</p> <p>Street Address: .....</p> <p>.....</p> <p>Ph: ..... Mob: .....</p> <p>Fax: ..... After hrs: .....</p> <p>Email: .....</p> <p>Website: .....</p>
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<b>Agent</b> [Delete if not applicable]	
Name: .....	Contact person: .....
Address: .....	Mailing Address: .....
.....	.....
Hm: ..... Wk: .....	Email: .....
Mob: ..... AH: .....	Website: .....
Fax: .....	
Relationship with owner: .....	

The following evidence of ownership is attached to this application: [Delete as applicable]

- I. Certificate of Title
- II. Lease Agreement
- III. Agreement for Sale and Purchase
- IV. Other as specified: .....

First point of contact for communications with the council/building consent authority shall be: [Delete one]

- I. The owner
- II. The Agent

**Application:**

I request that the compliance schedule for the above building be amended as follows:

<b><u>Compliance Schedule:</u></b>	
The specified systems and features required to be amended for this building are as follows: [✓ ]	
<input type="checkbox"/> Automatic Sprinkler Systems	<input type="checkbox"/> Automatic Fire Doors
<input type="checkbox"/> Emergency Warning Systems	<input type="checkbox"/> Emergency Lighting Systems
<input type="checkbox"/> Escape Route pressurisation systems	<input type="checkbox"/> Riser mains for Fire Service use
<input type="checkbox"/> Backflow preventers	<input type="checkbox"/> Lifts, escalators, travelators or other systems
<input type="checkbox"/> Mechanical ventilation and air conditioning	<input type="checkbox"/> Other mechanical, electrical, hydraulic or electronic systems
<input type="checkbox"/> Building maintenance units	<input type="checkbox"/> Signs as required by the Building Act or Code
<input type="checkbox"/> Means of escape	<input type="checkbox"/> Safety barriers
<input type="checkbox"/> Access & facilities for people with disabilities	<input type="checkbox"/> Fire Hose reels
<input type="checkbox"/> Signs as per Section 25 of the Disabled Person Community Welfare Act 1975	

**Attachments:**

Copy of existing compliance schedule (if applicable)

Other: .....

\_\_\_\_\_  
Signature of owner or agent on behalf of and with the authority of the owner

Name: .....

Date: .....