



Application Received: _____

Application Number: _____

Application for Building Consent Exemption under the Building Act 2004 Schedule 1(2)

Please note that an application fee applies. Refer to our Fees and Charges for details.

The Building – project location

Checked by Applicant ☐

TA ☐

Street address of building: *(For structures which do not have a street address number, state the nearest street intersection and the distance and direction from that intersection, or the closest RAPID no):*

Legal description of land and where building is located:

(if the land is proposed to be subdivided, include details relevant lot number and subdivision consent)

Lot # _____ DP# _____

Valuation Roll Number: _____

(This can be found on your Valuation Notice, Rates Invoice or ask at any Council Service Centre).

Building name: *(if applicable)* _____

Location of building within site/block number: _____
(Includes nearest street access)

Number of Levels: _____ **Level / unit number:** _____
(Include ground level and any levels below ground)

Area: _____ m² **Year first constructed:** _____
(Total floor area - indicate area affected by the building work if less than the total area)

Current, lawfully established, use: *(Include number of occupants per level and per use if more than 1)*

The Owner – must be completed for all applications

Checked by Applicant ☐

TA ☐

Name of owner _____
(e.g. Mr, Mrs, Miss, Dr if an individual)

Contact person: _____

Mailing address: _____

Contact details: Email Address _____

Landline _____ Mobile _____

The following evidence of ownership is attached to this application:

If the Owner is a Company, Trust or other Organisation the Title or Capacity of the authorised signatory must be given. Documents to show full name of legal owner(s) of the building.

☐ Certificate of Title
6 months old or less

☐ Agreement for Sale
and Purchase agreement

☐ Lease

☐ Other

(Include Gazette notices, Consent notices and BLR's)

Agent (Do you have written authorisation documents from the owner?)

Checked by Applicant ☐

TA ☐

Name of the agent: _____
(Only required if application is being made on behalf of the owner)

Contact person: _____

Mailing address: _____

Contact details: Email Address _____

Landline _____ Mobile _____

Relationship to the Owner: _____
(Stat/provide details of the authorisation from the Owner to make the application on the owner's behalf)

First point of contact for communications:

Checked by Applicant ☐

TA ☐

Owner ☐ Agent ☐ Other ☐ (provide full name, contact details as above)

Preferred means of communication: ☐ Post ☐ Email ☐ Phone (Landline) ☐ Phone (Mobile)

The Project

Checked by Applicant ☐

TA ☐

The following matters are involved in the project:

Yes N/A

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Subdivision |
| <input type="checkbox"/> | <input type="checkbox"/> | Alterations to land contours |
| <input type="checkbox"/> | <input type="checkbox"/> | New or altered connections to public utilities |
| <input type="checkbox"/> | <input type="checkbox"/> | New or altered locations and / or external dimensions of the building |
| <input type="checkbox"/> | <input type="checkbox"/> | New or altered access for vehicles |
| <input type="checkbox"/> | <input type="checkbox"/> | Building work over or adjacent to any road or public place |
| <input type="checkbox"/> | <input type="checkbox"/> | Disposal of storm water and wastewater |
| <input type="checkbox"/> | <input type="checkbox"/> | Building work over any existing drains or sewers or in close proximity to wells or water mains |
| <input type="checkbox"/> | <input type="checkbox"/> | Other matters known to the applicant that may require authorisations from the Territorial authority: |

Specify :

Description of the building work: _____

The ProjectChecked by Applicant ☐TA ☐Will the building work result in a change of use of the building? Yes ☐ No ☐

If Yes, provide details of new use: _____

Intended life of the building if less than 50 years: _____ years

List Building Consents previously issued (if any): _____

Estimated value of building work (as defined in [section 7](#) of the Building Act) on which the building levy will be calculated, including goods and services tax.

\$ _____

Are there any Specified Systems involved with this application? Yes ☐ No ☐*If the answer to the question above is "Yes" then exemption to building consent will not be granted you need to apply for a building consent.***Does this project require:****Vehicle Crossing Permit** (new crossing from the road to this site)**Connection to Public Utilities** application (Public drainage, water supply or sewerage connection)**"RAPID"** number (as the site has no other address numbering)**Certificate of Title**, council can provide one of these as part of your application for a feeIf you do require an application for any of these they are available from our web site www.fndc.govt.nz.**Application**Checked by Applicant ☐TA ☐**I request an exemption under schedule 1 of the Building Act 2004 for the following reasons:**

I hereby certify that, to the best of my knowledge, the information given in this application is true, complete and correct.**Signed by:** ☐ Owner ☐ Agent on behalf of and with the authority of the owner**Signature:** _____ **Date:** _____**If an exemption cannot be granted a Building Consent application will be required****The Person / Organisation responsible for invoice payments for this application:**Owner ☐ Agent ☐ Other ☐ (provide full name, contact details as above)**Attachments**Checked by Applicant ☐TA ☐☐ Copies of Plans and Specifications☐ Producer Statements☐ Photographs☐ References to determinations/opinions☐ Other: _____**Council will request further information if supplied details are not considered adequate**

Key Contacts :Please provide the following details of all licensed building practitioners (LBP) and other trades who will be involved in carrying out or supervising building work.(attach other page if required)

Designer or Architect		Builder / Carpentry Work	
Name:		Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Drainlayer		Plumber	
Name:		Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Structural Engineer		Block laying	
Name:		Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Foundation work		Roofing work	
Name:		Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	
External Plastering		Other	
Name:		Business / Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	

Submit your application

Post your completed application form to –

The Building Manager
Far North District Council
Private Bag 752
Kaikohe 0440

Make an appointment –

To avoid delays and to have your application checked for completeness, call **0800 920 029** to make an appointment with a Vetting Officer at the Kerikeri or Kaitaia Service Centre.

Drop your completed application form in at one of our Service Centers –

Kaikohe Service Centre

Memorial Avenue
KAIKOHE

Kaitaia Service Centre (Te Ahu)

Cn Church & South Roads
KAITAIA

Kaero Service Centre

Main Road
KAERO

John Butler Centre

60 Kerikeri Road
KERIKERI

Kawakawa Service Centre

Gillies Avenue
KAWAKAWA

Rawene Service Centre

Parnell Street
RAWENE