

Certificate of acceptance checklist



Please complete with application for a Certificate of Acceptance.

| |
|---------------------|
| Address of building |
|---------------------|

Use this check sheet, to help you to lodge a complete certificate of application and to avoid processing delays. Please attach the completed check sheet and **two copies** of the following information with your completed application form.

Tick each relevant box and ensure you attach the information. If the box is not relevant, please write **NA** across the box.

| Customer use | | Office use only |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | a. Date of construction Provide proof of date of construction, signed/dated building contract invoices. | <input type="checkbox"/> |
| <input type="checkbox"/> | b. Evidence showing building work complies Provide supporting evidence that the building work complies with the current building code <ul style="list-style-type: none">Architectural drawings – Site plans, elevations, floor plansRelevant certification ie. Electrical certificatePhotographsPS4 from supervising engineers (if applicable)Expert opinion reportsPS3 from plumber, drainlayer etc | <input type="checkbox"/> |
| <input type="checkbox"/> | c. Application fee Applications will not be accepted without payment of the appropriate fees. Fees payable are set out in the Council's "fees and charges" available from https://www.fndc.govt.nz/feesandcharges | <input type="checkbox"/> |
| <input type="checkbox"/> | d. Proof of ownership A current certificate of title less than 6 months old and any listed certificated eg. Consent notices, building line restrictions etc. If a current certificate of title is not supplied we will obtain this on your behalf and invoice you for the cost. | <input type="checkbox"/> |

Please note : If the application is received without the correct information it will not be processed and will be returned.

| For owner/agent use only | | |
|--------------------------|------------|-------|
| Name: | Signature: | Date: |

| For office use only | | |
|----------------------|------------|-------|
| Officer verification | | |
| Name: | Signature: | Date: |



For Council use

Received:

Application no:

FORM 8

Application for Certificate of Acceptance Section 97, Building Act 2004

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

The Building

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:

[State legal description as at the date of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent]

Building name: *[if applicable]*

Location of building within site/block number: *[Includes nearest street access]*

Number of Levels: *[Include ground level and any levels below ground]*

Level / unit number:

Area: *[Total floor area: indicate area affected by the building work if less than the total area]* _____ m²

Current, lawfully established, use: *[Include number of occupants per level and per use if more than 1. If use was changed by the building work this application relates to, state previous use.]*

Year first constructed:

The OwnerChecked by Applicant TA

Name of owner: [e.g. Mr, Mrs, Miss, Dr, if an individual] _____

Contact person: _____

Mailing address: _____

Street address / registered office: _____

Phone numbers: Landline _____ Mobile _____

Daytime _____ After hours _____ Fax _____

Email Address _____ Website: _____

The following evidence of ownership is attached to this application:Certificate of Title 6 months old or less Agreement for Sale and Purchase. Lease Other document(s) **Agent** (only required if application is being made on behalf of the owner)Checked by Applicant TA

Name of agent: [e.g. Mr, Mrs, Miss, Dr, if an individual] _____

Contact person: _____

Mailing address: _____

Street address / registered office: _____

Phone numbers: Landline _____ Mobile _____

Daytime _____ After hours _____ Fax _____

Email Address _____ Website: _____

Relationship to the Owner: [*State/provide details of the authorisation from the owner to make the application on the owner's behalf*]
_____**First point of Contact for communications with Council**Checked by Applicant TA Owner Agent Other (provide full name, contact details as above)**Preferred means of communication:**Post Email Phone (Landline) Phone (Mobile)

Application

Checked by Applicant TA

I request that you issue a Certificate of Acceptance for the building work described in this application.

I hereby certify that, to the best of my knowledge, the information given in this application is true, complete and correct. I undertake to pay all actual and reasonable application costs incurred by the Far North District Council.

Signed by: Owner Agent on behalf of and with the authority of the owner

Signature: _____ **Date:** _____

The Person / Organisation responsible for invoice payments for this application:

Owner Agent Other (Please give details)

Building work

Checked by Applicant TA

Description of the building work: _____

Date building work carried out: _____

The personnel (tradesmen) who carried out the building work are as follows:

| | |
|-------------------------|--|
| Builder Name | |
| Address | |
| Phone Number | |
| Registration Number | |
| | |
| Plumber Name | |
| Address | |
| Phone Number | |
| Registration Number | |
| | |
| Drain Layer Name | |
| Address | |
| Phone Number | |
| Registration Number | |
| | |
| Electrician Name | |
| Address | |
| Phone Number | |
| Registration Number | |
| | |
| Other: | |
| Address | |
| Phone Number | |
| Registration Number | |

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 50 years or less: _____ years

List building consents previously issued (if any): _____

Estimated value of building work on which the building levy will be calculated (including goods and services tax): [State estimated value as defined in section 7 of the Building Act 2004]

\$ _____

The following plans and specifications are attached to this application:

Reasons why a certificate of acceptance is required:

The owner, or the owner's predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: [explain in detail]

A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: [delete one of the following]

(a) for the purpose of saving or protection life or health or preventing serious damage to property as follows: [explain in detail]

(b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: [explain in detail]

The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: [state details of name of building consent authority and building consent granted]

Compliance Schedule

Checked by Applicant TA

The specified systems for the building were altered/added to or removed during the course of the building work:

| Type of Specified System | Present | Added | Altered | Removed | SS1 to SS 16 Form Attached |
|---|--------------------------|--------------------------|--------------------------|------------------------------|-----------------------------|
| SS1 - Automatic systems for fire suppression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 2 - Automatic or manual emergency warning systems for fire or other dangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 3.1 – Automatic doors Interfaced with other emergency systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 3.2 – Access control doors (swipe card, key pad, sensor-delayed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 3.3 – Interfaced fire or smoke doors or windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 4 – Emergency lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 5 – Escape route pressurisation systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 6 – Riser mains for use by fire services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 7 – Automatic backflow preventers connected to a potable water supply | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 8.1 – Passenger – carrying lifts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 8.2 – Service lifts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 8.3 Escalators and moving walkways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 9 – Mechanical ventilation systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 10 - Building maintenance units for providing access to buildings (internal or external) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 11 - Laboratory fume cupboards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 12.1 – Audio loops | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 12.2 – FM radio frequency and infrared beam transmission systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 13.1 – Mechanical smoke control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 13.2 – Natural smoke control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 13.3 – Smoke curtains | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 14.1 – Emergency power systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 14.2 – Signs for systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 15.1 - Systems for communicating spoken information intended to facilitate evacuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 15.2 - Final exits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 15.3 - Fire separations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS 15.4 - Signs for communicating information intended to facilitate evacuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS15.5 - Smoke separations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SS – 16 Cable cars | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan of building showing Specified Systems locations attached | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

This information assists in generation of the [Compliance Schedule](#) and shows how compliance with the NZ Building Code is to be achieved. If you are unsure of how to fill in this form consult a design professional.

There are no specified systems in the building

Attachments: the following documents are included:

Checked by Applicant TA

- Project information memorandum
- Plans and specifications
- Certificates from personnel who carried out the building work
- Energy work certificate/Connection certificates

Application checklist

Checked by Applicant TA

Please ensure that your application contains **TWO sets** of the following information applicable to this building work.

| For larger plans, a legible A3 set must be supplied - documents to be A4 size | |
|---|---|
| <p>Site Plan - scale 1: 200 include the following:</p> <ul style="list-style-type: none"> ○ <i>Contours / datum</i> ○ <i>finished floor levels</i> ○ <i>drainage layout [new and existing]</i> ○ <i>location of water tanks and overflow</i> ○ <i>earthworks</i> ○ <i>retaining walls</i> ○ <i>distance to boundary [show 3 dimensions]</i> ○ <i>location of pool and pool fencing</i> | <p>Foundation plan - scale: 1: 100 include:</p> <ul style="list-style-type: none"> ○ <i>footing dimensions</i> ○ <i>reinforcing size, type, placement</i> ○ <i>damp proof membrane</i> ○ <i>mesh type and size</i> ○ <i>control joint / saw cuts</i> ○ <i>supplementary steel location</i> ○ <i>slab thickness, concrete strength</i> ○ <i>point loads / thickenings</i> |
| <p>Subfloor Plan - scale 1: 50 - include:</p> <ul style="list-style-type: none"> ○ <i>location of piles, joist, bearers</i> ○ <i>size, treatment, grade, spacing of members</i> ○ <i>bracing</i> ○ <i>solid blocking</i> ○ <i>joist layout</i> ○ <i>connection /capacity / type</i> | <p>Floor plans for each level - scale: 1: 50 include:</p> <ul style="list-style-type: none"> ○ <i>location of each room</i> ○ <i>location of windows and doors</i> ○ <i>location of hot water cylinder</i> ○ <i>location of plumbing fixtures [sinks, pans]</i> ○ <i>lintel sizes</i> ○ <i>location of brace elements [type and size]</i> ○ <i>location of smoke detectors</i> ○ <i>location of solid fuel heating appliance</i> |
| <p>Exterior elevations - scale 1: 100 include:</p> <ul style="list-style-type: none"> ○ <i>elevation of each affected face of the building</i> ○ <i>cut and fill</i> ○ <i>finished ground / finished floor level</i> ○ <i>size and openings of exterior joinery</i> ○ <i>roof type, pitch, eaves, gables</i> ○ <i>gutters, downpipes, vents</i> ○ <i>type of wall cladding [control joints]</i> | <p>Cross and long sections - scale: 1: 50 include:</p> <ul style="list-style-type: none"> ○ <i>construction details</i> ○ <i>ground level, relative datum</i> ○ <i>finished floor level, steps in floors</i> ○ <i>floor to ceiling heights</i> ○ <i>window and door heights</i> ○ <i>framing size, treatment, grade</i> ○ <i>swimming pool fencing details</i> |
| <p>Construction details - scale 1: 5 include:</p> <ul style="list-style-type: none"> ○ <i>flashing details / penetrations</i> ○ <i>interface between elements / materials</i> ○ <i>bottom plate / cladding overhang</i> ○ <i>soffit / parapet</i> ○ <i>barrier / exterior connections / stairs</i> ○ <i>tanking</i> ○ <i>fire separation / penetration</i> | <p>Truss / rafter plan - scale: 1: 100 - include:</p> <ul style="list-style-type: none"> ○ <i>location of members</i> ○ <i>fixing details</i> ○ <i>bracing</i> ○ <i>point loads</i> ○ <i>lintels</i> |
| <p>Earthworks permits Vehicle crossing application</p> | <p>Risk matrix for Weathertightness</p> <ul style="list-style-type: none"> ○ <i>Provide one matrix for each face of the building</i> |
| <p>Site specific specifications – identify:</p> <ul style="list-style-type: none"> ○ <i>technical work sections</i> ○ <i>schedule of materials and products</i> ○ <i>method of compliance</i> ○ <i>performance standards and expectations</i> | <p>Bracing schedule and calculation Structural Engineering Design details and calculations Design reports Producer Statements Energy Service Details</p> <ul style="list-style-type: none"> ○ <i>Ensure that this information is specific to the project</i> |
| <p>Plumbing and drainage layout - include:</p> <ul style="list-style-type: none"> ○ <i>identify fixtures, waste and vent pipe sizes</i> ○ <i>fixings</i> ○ <i>materials</i> ○ <i>standards</i> ○ <i>potable water compliance</i> | <p>Effluent disposal details to include:</p> <ul style="list-style-type: none"> ○ <i>application for sewer connection or TP 58 design with producer statement</i> ○ <i>tank location with set backs identified</i> ○ <i>location of disposal field</i> ○ <i>planting details</i> |

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

To submit your application:

- **Post your completed application form to –**
The Building Compliance Team
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 John Butler Centre.
- **Drop your completed application form in at one of our Service Centres –**

| | |
|--|--|
| Kaikohe Service Centre Memorial Avenue <u>KAIKOHE</u> | Kaeo Service Centre Main Road <u>KAEO</u> |
| Kawakawa Service Centre Gillies Avenue <u>KAWAKAWA</u> | Kaitaia Service Centre cnr Church & South Roads <u>KAITAIA</u> |
| Kerikeri Service Centre John Butler Centre <u>KERIKERI</u> | |

Private Bag 752, Memorial Ave, Kaikohe 0440, New Zealand, Freephone: 0800 920 029,
Phone: (09) 401 5200, Fax: 401 2137, Email: ask.us@fndc.govt.nz, Website: www.fndc.govt.nz