|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for a Certificate for Public Use (Form 15)  *(Only complete items that are applicable to your project)* | | | | | | | | | | | | | | | | | | | **For Office Use Only** | | | |
| Project No: | | | |
| Date Received: | | | |
| **Application** | | | | | | | | | | | | | | | | | | | | | | |
| I request that you issue, under Section 363A of the Building Act 2004, a Certificate for Public Use for the premises/part of the premises described below. | | | | | | | | | | | | | | | | | | | | | | |
| **The Building** | | | | | | | | | | | | | | | | | | | | | | |
| Street Address or Rapid No as applicable: | | | | | | | | | | | | Valuation Roll Number: | | | | |  | | | | | |
|  | | | | | | | | | | | | Legal Description: Lot: | | | | |  | | | DP: |  | |
| What is the extent of the building that is proposed to be used by the public | | | | | | | | | | | | | | | | | | | | | | |
|  | All of the building | | | | | | | | | | | | | | | | | | | | | |
|  | Part of the building (describe the part of the building to be used and attach plans that are clearly marked to identify this area) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| This work relates to the following Building Consent/s: | | | | | | | | | | | | | |  | | | | | | | |  |
| Issued by the: Council | | | | | | | | | | | | | | | | | | | | | | |
| Building Name *(if applicable):* | | | | | |  | | | | | | | | | | | | | | | | |
| **The Applicant (Owner/Occupier/Controller of Premises)** | | | | | | | | | | | | | | | | | | | | | | |
| Name of \*Owner:\*Occupier:\*Controller of Premises:  *(\*strike out options that are not applicable)* | | | | | | | | | | | Name of Contact Person:  Mr/Mrs/Ms/Miss  (preferred title) | | | | | | | | | | | |
| Mailing/Billing Address: | | | | |  | | | | | | | | | | | | | | | | | |
| Street Address/Registered Office: | | | | | | |  | | | | | | | | | | | | | | | |
| E-mail Address: | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Day: | | | |  | | | | | Fax: |  | | | | | | Cell phone: | |  | | | | |
| **The Agent *(if applicable)***  ***Note - 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.*** | | | | | | | | | | | | | | | | | | | | | | |
| Agent’s Name: | | | | | | | | | | | | | | | | | | | | | | |
| Mailing/Billing Address: | | | | |  | | | | | | | | | | | | | | | | | |
| Street Address/Registered Office: | | | | | | |  | | | | | | | | | | | | | | | |
| E-mail Address: | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Day: | | | |  | | | | | Fax: |  | | | | | | Cell phone: | |  | | | | |
| **Required Attachments** | | | | | | | | | | | | | | | | | | | | | | |
| Evidence of ownership attached to this application: | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Certificate of Title | | | | | or | | | | |  | | Sale and Purchase Agreement | | | | | | | |
|  | |  | Evidence of the applicant’s status as owner/occupier/person in control with copy of certificate of title, (plus | | | | | | | | | | | | | | | | | | | |
|  | | | agreement for sale and purchase, licence, or property management agreement if applicable), being a | | | | | | | | | | | | | | | | | | | |
|  | |  | document that shows the full name of the applicant. | | | | | | | | | | | | | | | | | | | |
|  | |  | Fee (please refer to [Kaipara District Council’s current Fees and Charges](http://www.kaipara.govt.nz/site/kaiparadistrictcouncil/files/pdf/A-Z%20Documents/Fees%20and%20Charges/Fees%20&%20Charges%202016-2017%20FINAL.pdf) for amount). | | | | | | | | | | | | | | | | | | | |
|  | |  | Plans showing the part of the premises described above. | | | | | | | | | | | | | | | | | | | |
|  | |  | A management plan for the safety of people during ongoing work.  Certificates, producer statements from key personnel listed on next page. | | | | | | | | | | | | | | | | | | | |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Personnel** | | | | | | | | | | |
| **Builder:** | | |  | | | | | | Registration Number: | |
| Mailing Address: | | |  | | | | | |  | |
| E-mail Address: | | |  | | | | | Phone Day: |  | |
| **Craftsman Plumber:** | | | | |  | | | | Registration Number: | |
| Mailing Address: | | |  | | | | | |  | |
| E-mail Address: | | |  | | | | | Phone Day: |  | |
| **Registered Drainlayer:** | | | | | |  | | | Registration Number: | |
| Mailing Address: | | |  | | | | | |  | |
| E-mail Address: | | |  | | | | | Phone Day: |  | |
| **Craftsman Gasfitter:** | | | | |  | | | | Registration Number: | |
| Mailing Address: | | |  | | | | | |  | |
| E-mail Address: | | |  | | | | | Phone Day: |  | |
| **Designer:** | | | |  | | | | | Registration Number: | |
| Mailing Address: | | |  | | | | | |  | |
| E-mail Address: | | |  | | | | | Phone Day: |  | |
| **Registered Electrician:** | | | |  | | | | | Registration Number: | |
| Mailing Address: | | |  | | | | | |  | |
| E-mail Address: | | |  | | | | | Phone Day: |  | |
| **Engineer:** | | | |  | | | | | Registration Number: | |
| Mailing Address: | | |  | | | | | |  | |
| E-mail Address: | | |  | | | | | Phone Day: |  | |
| *Add any additional people on separate sheet (eg Specified System Installers).* | | | | | | | | | | |
| **Signature** | | | | | | | | | | |
| I confirm that no Code Compliance Certificate has been issued for the building work. | | | | | | | | | | |
| It is intended to permit members of the public to use the \*premises/\*part of the premises *(\*strike out option that is not applicable)* described above for the following purposes and the following circumstances: | | | | | | | | | | |
|  | | | | | | | | | | |
| Members of the public can use the \*premises/\*part of the premises *(\*strike out option that is not applicable)* described above safely because: | | | | | | | | | | |
|  | | | | | | |  | | |  |
|  | | | | | | |  | | |  |
|  | | | | | | |  | | |  |
|  | | | | | | |  | | |  |
| Signed by Owner/Occupier/Controller of premises:  **or**  Signed by or for and on behalf of the Owner/Occupier/Controller of premises: | | | | | | |  | | | Date: |
|  | | | Date: |
|  | | | | | | | | | | |
| **Note:** If acting “for and on behalf”, please read the following declaration before signing: “I hereby declare that I am authorised to act as Agent of the Owner/Occupier/Controller of premises”. | | | | | | | | | | |
|  |  | We require our plans and/or specifications to remain confidential. | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safety Issues to be Considered** | | | | |
|  | **Building Code Clause** | **Suggested Information** | **Notes** | **Information provided.**  **(i.e. Producer Statement)** |
| Structure | B1 | Producer Statement – Construction from Structural Engineer, or council inspection for non specific design. |  |  |
| Fire safety | C1–C4, F6, F7, F8 | Producer Statement – Construction from Fire Engineer, or council inspection for non specific design. |  |  |
| Access routes | D1 | Council inspection | Slip resistance, handrails. |  |
| Hazardous substances | F1–F3 | Council inspection |  |  |
| Safety from falling | F4 | Council inspection | Balustrades to be installed |  |
| Food preparation | G3 | Council inspection |  |  |
| Ventilation | G4 | Producer Statement – Construction from Mechanical Engineer or council inspection for natural ventilation |  |  |
| Electricity | G9 | Energy Work Certificate |  |  |
| Gas | G11 | Energy Work Certificate |  |  |