101 Guyton Street P O Box 637, Whanganui 4500 Phone: (06) 349 0001 Fax: (06) 349 0536

Application Form Independent Qualified Person



Email: wdc@whanganui.govt.nz Web: www.whanganui.govt.nz

Applicants Name:

Section 100-110 Building Act 2004

| Company: | | | |
|---|--|--------------|-----------|
| Postal Address: | | | |
| | | | |
| Phone: | Fax: | | |
| Mobile: | Email: | | |
| I/We hereby apply for acceptance by the Whanganui District C following buildi (An initial base fee of \$143.00 is payable for each applicat type is broken down in e.g. 3/1, 3/2 3/3 etc. only one fee of \$ | ng features: ion, plus \$20.00 per feature applied f e | or, where | a feature |
| Building Act 2004 (implemented 1 April 2004) | | | |
| Feature Type | | Tick Here | \$ |
| 1. Automatic systems for fire suppression (for example, sprinkler | systems) | | |
| 2. Automatic or manual emergency warning systems for fire or or | ther dangers | | |
| 3/1. Automatic doors | | | |
| 3/2. Access control doors | | | |
| 3/3. Interfaced fire of smoke doors or window | | | |
| 4. Emergency lighting systems (if you apply for this feature you should also apply for 15/2) | | | |
| 5. Escape route pressurisation systems | | | |
| 6. Riser mains for Fire Service use | | | |
| 7. Any automatic back-flow preventer connected to a potable water supply | | | |
| 8/1. Passenger lifts | | | |
| 8/2. Service lifts | | | |
| 8/3. Escalators and moving walks | | | |
| Mechanical ventilation or air-conditioning systems | | | |
| 10. Building maintenance units for providing access to the exterior and interior walls of buildings | | | |
| 11. Laboratory fume cupboards | | | |
| 12/1. Audio loops | | | |
| 12/2. FM radio systems and infrared beams | | | |
| | | | |

| Feature Type continued | Tick Here | \$ |
|--|--------------|----------|
| 13/1. Mechanical smoke control | | |
| 13/2. Natural smoke control | | |
| 13/3. Smoke curtains | | |
| 14/1. Emergency power systems. | | |
| 14/2. Signs (required if you apply for features from 1 – 13) | | |
| 15/1. Systems for communication to facilitate evacuation | | |
| 15/2. Final exits | | |
| 15/3. Fire separation | | |
| 15/4. Signs that form part of means of escape (required if you apply for features 14 – 15) | | |
| 15/5. Smoke Separation | | |
| Total Features required under Building Act 2004 | | |
| Base Fee – Paid with all Application | | \$143.00 |
| Total Fee Payable | | |
| | | |

| | ifications and references in respect of the features are attached to this hat all details supplied are accurate and true. |
|---------|---|
| Signed: | Date:/ |
| | |

101 Guyton Street P O Box 637, Whanganui Phone: (06) 349 0001 Fax: (06) 349 0536

Email:

wdc@whanganui.govt.nz Web: www.whanganui.govt.nz

Name (in full):



Application Form Part B : Qualifications and Experience

| Note: For other than individual applicants, i.e. companies, corporations etc, the information required in Parts B and C should be supplied in respect of an individual within the organisation appropriately qualified to inspect and maintain each system or feature for which acceptance is sought. (Please copy this as necessary). | | | |
|--|-------------------------------|---------------|---------------------------------------|
| Qualifications by Examination | Granted By | Date Granted | |
| Manushanahin of Duofoosianal Institutions | and Trabaical | Dete A | -l: : : : : : : : : : : : : : : : : : |
| Membership of Professional Institutions and Technical Organisations | | Date Admitted | |
| | | | |
| Qualification by Training Not Included above (Apprenticeships, Courses etc) | Organised or Supervised By | From | То |
| above (Apprenticeships, oourses city) | ouper viseu by | Tioni | |
| Refresher Courses Not Included Above | Organised or Supervised By | From | То |
| | | | |
| Experience | | From | То |
| | | | |

Appropriate documented confirmation of the above is required and should accompany the application.

DATE: 28/11/2017

101 Guyton Street P O Box 637, Whanganui Phone: (06) 349 0001 Fax: (06) 349 0536

Email:

wdc@whanganui.govt.nz Web: www.whanganui.govt.nz



Part C: Supporting Statements

Supporting technical references attached from individuals, professional or technical institutions, clients, etc (a minimum of three covering all systems or features for which acceptance is sought). Referees may be contacted during the processing of the application.

| Name and Address | System or Feature To Which the Feature Relates |
|------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Brief summaries attached, outlining the procedures to be adopted in the inspection and maintenance of each feature or system for which acceptance is sought, together with advice as to the relevant New Zealand standards, technical documents etc, against which performance would be checked.

Part D: Insurance

Public Liability or Professional Indemnity Insurance Held Relative to the Role of an Independent Qualified Person.

| Signed: | (Applicant) | <u>Date</u> ://. |
|---------|-------------|------------------|
|---------|-------------|------------------|

DATE: 28/11/2017