WHANGANUI DISTRICT COUNCIL
Te Kaunihera a Rohe o Whanganui

Application for Amendment to Compliance Schedule
Section 106, Building Act 2004

(Only complete *items that are applicable to your project)*

THE BUILDING	
Street address of building (or Rapid No if applicable): *[for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection]*	Building Name (if applicable):
Location of building within site/block number *(include nearest street address)*:	

Legal Description of land where building is located: Lot:	DP:	Valuation Roll Number:
Number of Levels *(include ground level & any levels below ground)*:	Level/Unit No:	Total Floor Area: (all floors included)
		Existing: m² Add: m²
Current lawfully established use *(include number of occupants per level and per use if more than 1)*:		Year first constructed:

THE OWNER	
Owner's Name *(include preferred form of address e.g. Mr, Miss, Dr, if an individual)*:	Contact Person: *(if owner is not an individual)*
Mailing/Billing Address:	

Street Address/Registered Office:	Post Code:
E-mail Address:	Phone Day:

Phone A'Hours:	Fax:	Mobile:

Website:

THE AGENT	
Agent's Name *[only required if application is being made on behalf of the owner]*:	Contact Person: *(if Agent is not an individual)*
Mailing/Billing Address:	

Street Address/Registered Office:	Post Code:
E-mail Address:	Phone Day:

Phone A'Hours:	Fax:	Cellphone:

Website:
Relationship to Owner: [*state details of the authorization from the owner to make the application on the owner's behalf*]

FIRST POINT OF CONTACT FOR COMMUNICATIONS WITH THE COUNCIL / BUILDING CONSENT AUTHORITY
Full name:
Mailing address:
Phone number(s):
Facsimile number(s)
Email address(es):

APPLICATION

I request that the compliance schedule for the above building be amended as follows:
[tick [✓] the relevant boxes below to indicate ALL the specified systems currently in the building]

Specified systems:		Amendment	Reason: [State why amendment is required to ensure that the specified system meets the performance standards]
SS 1	Automatic systems for fire suppression		
SS 2	Automatic or manual emergency warning systems		
SS 2 /1	Security Based Emergency Warning Systems		
SS 3/1	Automatic doors		
SS 3/2	Access controlled doors		
SS 3/3	Interfaced fire or smoke doors or windows		
SS 4	Emergency lighting systems		
SS 5	Escape route pressurisation systems		
SS 6	Riser mains		
SS 7	Automatic back-flow preventers		
SS 8/1	Passenger-carrying lifts		
SS 8/2	Service lifts		
SS 8/3	Escalators and moving walks		
SS 9	Mechanical ventilation or air conditioning systems		
SS 10	Building maintenance units		
SS 11	Laboratory fume cupboards		

APPLICATION CONTINUED

SS 12/1	Audio loops		
SS 12/2	FM radio frequency systems and infrared beam transmission systems		
SS 13/1	Mechanical smoke control		
SS 13/2	Natural smoke control		
SS 13/3	Smoke curtains		
SS 14/1	Emergency power systems		
SS 14/2	Signs		
SS 15/1	Systems for communicating spoken information intended to facilitate evacuation		
SS 15/2	Final exits		
SS 15/3	Fire separations		
SS 15/4	Signs for communicating information intended to facilitate evacuation		
SS 15/5	Smoke separations		
SS 16	Cable Car		

REQUIRED ATTACHMENTS

The following evidence of ownership attached to this application:

☐ Certificate of Title   ☐ Lease

☐ Agreement of sale & purchase   ☐ Other document showing full name of legal owner(s) of the building

☐ Copy of existing compliance schedule

☐ Floor plan showing locations of systems

☐ Others: (building consent, fire report etc)

☐ Completed Specified Systems Forms SS1 – SS16 (one for each system being altered or added)

Signature of owner / agent on behalf of and with the authority of the owner:

Date:

Application Fee (Deposit): $ _____ (this will be determined when the application is lodged)