

Application for Amendment to Compliance Schedule



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Section 106, Building Act 2004

The Building

Street address of building: _____

Legal description of land where building is located: _____

Building name: _____

Location of building within site/block number: _____

Level/unit number: _____

Current, lawfully established use (include number of occupants per level and per use if more than one):

OFFICE USE

Date received stamp:

CS No: _____

Date Granted:

Valuation No.

The Owner

Name of Owner: (insert N/A if the applicant is an individual) _____

Contact person: _____

Mailing address: _____

Street address/registered office: _____

Phone Numbers:

Daytime: _____ Mobile: _____

Facsimile: _____ After Hours: _____

E-mail: _____

Website: _____

Evidence of ownership: (i.e. copy of certificate of title, lease, agreement for sale and purchase, or other document showing full name of legal owner(s) of the building)

Copy of Certificate of Title (less than three months old) Agreement for sale and purchase Lease Other

Agent (only required if application is being made on behalf of the owner)

Name of Agent: (insert N/A if the applicant is an individual) _____

Contact person: _____

Mailing address: _____

Street address/registered office: _____

Phone Numbers:

Daytime: _____ Mobile: _____

Facsimile: _____ After Hours: _____

E-mail: _____

Website: _____

Relationship to owner: _____

First point of contact for communications with the Council/Building Consent Authority: (state full name, mailing address, phone number(s), facsimile number(s) and e-mail address(es):

Application

I request that the compliance schedule for the above building be amended as follows:

Specified System	Amendment	Reason
(specified system requiring amendment)	(amendment required)	(state why amendment is required to ensure that the specified system meets the performance standards)

Attachments

Copy of existing Compliance Schedule

Signature of owner/agent: _____

Date: _____

RICHMOND

189 Queen Street
Private Bag 4
Richmond 7050
Ph (03) 543 8400
Fax (03) 543 9524

MOTUEKA

7 Hickmott Place
PO Box 123
Motueka 7143
Ph (03) 528 2022
Fax (03) 528 9751

GOLDEN BAY

78 Commercial Street
PO Box 74
Takaka 7142
Ph (03) 525 0020
Fax (03) 525 9972

MURCHISON

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Murchison 7007
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24 Hour
**EMERGENCY
PHONE**
Call your local office

