

## Application for Code Compliance Certificate – Form 6

*(Section 92, Building Act 2004)*

**Send or deliver your application to:**

Building Services, Dunedin City Council,  
PO Box 5045, Dunedin 9054

Telephone: (03) 477 4000

Email: [building@dcc.govt.nz](mailto:building@dcc.govt.nz)

Website: [www.dunedin.govt.nz](http://www.dunedin.govt.nz)

### 1. THE BUILDING CONSENT

Building Consent N°:

Issued By:

Dunedin City Council

Project Address:

### 2. THE OWNER *(this section is not applicable if details have not changed from the building consent)*

**OWNERSHIP CHANGED:**  Yes  No *(nominate one)*

Owner name:

Title: e.g. Mr, Miss, Dr.

Contact person: *(must have a valid New Zealand address)*

Owner mailing address:

Street address/registered office:

*(if different than above)*

Owner email address:

Owner contact number:

Please attach one of the following evidence of ownership to this application:

Certificate of Title,  Lease,  Agreement for Sale and Purchase,  Or other document showing full name of legal owner(s) of the building.

### 3. AGENT *(only complete this section if the application is being made on behalf of the owner)*

Name of agent:

Contact person: *(must have a valid New Zealand address)*

Agent mailing address:

Agent email address:

Agent contact number:

Relationship to owner: *(state details of the authorisation from the owner to make the application on the owners behalf)*

### First point of contact for communications with Dunedin City Council shall be:

Owner (at above contact details)

Agent (at above contact details)

### 4. APPLICATION

All building work to be carried out under the above building consent was completed on \_\_\_/\_\_\_/\_\_\_ [date]

The Licensed Building Practitioner(s) (LBP) who carried out or supervised the restricted building work is/are as follows:  
*(continue on another page if necessary)*

Name:	Licensing Class:	LBP Number: <small>(or registration number if treated as being licensed under section 291 of the Building Act 2004)</small>	Particular work carried out or supervised:

The personnel who carried out building work other than restricted building work are as follows: <i>(continue on another page if necessary)</i>			
Other	N/A <input type="checkbox"/>	Other	N/A <input type="checkbox"/>
Name:		Name:	
Address:		Address:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Licensing Class:		Licensing Class:	
LPB N°:	Reg. N°:	LPB N°:	Reg. N°:
Particular work carried out or supervised:		Particular work carried out or supervised:	

**5. SPECIFIED SYSTEMS *(only complete this section if the building has had specified systems installed during construction)*.**

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standard set out in the building consent.

**A Specified System Form for Code compliance certificate applications must be completed for each of the specified systems added/alterd as part of the building consent.**

SS1 - Automatic Systems for Fire Suppression	SS11 - Laboratory Fume Cupboards
SS2 - Emergency Warning Systems	SS12.1 - Audio Loops
SS3.1 - Automatic Doors	SS12.2 - FM Radio and Infrared Beam Transmission Systems
SS3.2 - Access Controlled Doors	SS13.1 - Mechanical Smoke Control
SS3.3 - Interfaced Fire or Smoke Doors or Windows	SS13.2 - Natural Smoke Control
SS4 - Emergency Lighting Systems	SS13.3 - Smoke Curtains
SS5 - Escape Route Pressurisation Systems	SS14.1 - Emergency Power Systems 1 - 13
SS6 - Riser Mains	SS14.2 - Signs for Systems 1-13
SS7 - Automatic Backflow Preventers	SS15.1 - Systems for Communicating Evacuation
SS8.1 - Passenger Carrying Lifts	SS15.2 - Final Exits
SS8.2 - Platform, Low-Speed and Service Lifts	SS15.3 - Fire Separations
SS8.3 - Escalators and Moving Walks	SS15.4 - Signs for Facilitating Evacuation
SS9 - Mechanical Ventilation or Air Conditioning Systems	SS15.5 - Smoke Separations
SS10 - Building Maintenance Units	SS16 - Cable Car

**6. DECLARATION - SIGNED BY**

I request that you issue a code compliance certificate for this work under section 95 of the New Zealand Building Act 2004.

<input type="checkbox"/> Owner or <input type="checkbox"/> Agent	Signature:
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Name of person signing:	Date: ____/____/____
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I understand this application may *only* be made with the owner's approval  *(nominate to indicate agreement)*

The code compliance certificate should be sent to: *(nominate appropriately and supply a valid NZ postal or email address)*

<input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other	Address:	Postcode:
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Preferred method for receiving certificate: <i>(nominate one)</i>	<input type="checkbox"/> Email Address	<input type="checkbox"/> Post
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**INVOICES/REFUNDS**

**Invoices:** Any additional charges to be invoiced to:

<input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other <i>(specify details):</i>
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How do you want to receive your invoice? <input type="checkbox"/> Email Address <input type="checkbox"/> Post
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**Refunds:** Refer to guidance in regard to refund recipients <https://www.dunedin.govt.nz/services/building-services/consent-process>

Provide bank account details for refund:

Account Name:	Bank Account:
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**7. ATTACHMENTS - The following documents are attached to this application (if applicable):**

- Memoranda (records of building work) from licensed building practitioner(s) stating what restricted building work they carried out or supervised
- Certificates from the registered tradesman who carried out the work
- Certificates that relate to the energy work
- Completed Specified System Forms (refer section 5) & evidence that the specified systems are capable of performing to the performance standards set out in the building consent
- Any other documents from personnel who carried out the work e.g. Producer Statements

Council Use Only:	Property Key:	Name Key:	ABA:
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**Key Words:** Code Compliance Certificate Application