

Form 6

Application for Code Compliance Certificate

Section 92, Building Act 2004

1. PROJECT DETAILS	
Building Consent Number	
Issued by	Queenstown Lakes District Council

2. THE OWNER

Name of Owner (Include preferred title Mr, Miss, Mrs, Ms, Other)		
Contact person (<i>if not individually owned, e.g., trust or company</i>)		
Address	Mailing	Street/registered office (if different)
Contact Details	Phone	Email
Evidence of ownership	□ As listed on building consent □	Agreement for sale and purchase
	□ Certificate of Title	□ Lease
	Other document (must include ful	l legal description e.g. rates)

3. AGENT (Only required if application is being made on behalf of owner)

Name of Agent (Include preferred		
title Mr, Miss, Mrs, Ms, Other)		
Contact person		
Address	Mailing Street/registered office (if differe	
Contact Details	Phone	Email

4. AUTHORISATION (Only required if application is being made on behalf of owner)

Relationship to owner (e.g. builder)		\Box Confirm authorisation to act
Contact for communication	□ Owner	□ Other (please list details)
	□ Agent	

5. APPLICATION

Completion Date

(Date all building work carried out under the building consent specified on this form was completed)

Restricted Building Work

Residential construction or alteration work affecting primary structure and weather-tightness

List licensed building practitioner(s) who carried out or supervised restricted building work (use separate page if necessary)

Name	Licensing Class & Number	Work Carried out
	LBP Number (or reg. no. (BA s291))	Particular work carried out or supervised
	Class - Carpentry	
	#	
	Class - Foundations	
	#	
	Class - Roofing	
	#	
	Class - Brick & Blocklaying	
	#	
	Class - External Plastering	
	#	

Other Building Work

Personnel who carried out building work that is not restricted building work.

List names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters, and Drainlayers Board registration numbers (use separate page if necessary).

Name	Details Trade, address, telephone, and registration number (where relevant and if not provided above) included Builder or Principle Contractor, Sub-Contractors, Plumbers, Gasfitters, Drainlayers etc.

Specified Systems

Check your approved building consent for details and select one of the following

 \square No Specified Systems \square Specified Systems as listed below

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 standards set out in the building consent (use separate page if necessary).

SS Number e.g., SS2, SS4	Specified System Name

6. REQUEST TO ISSUE CCC

Attachments

 \Box Information requested on the issued building consent including:

- Producer Statements Construction Review (PS4)
- Producer Statement Construction (PS3)
- Certification (e.g. Gas & Electrical Certificates)

 $\hfill\square$ Records of work for restricted building work

- \square Evidence for Specified Systems listed on the issued building consent
- \Box Other documents to assist with issue of CCC

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

Name		Date	
(owner or agent on behalf of owner with the authority to act or	n their behalf)		
The Code Compliance Certificate should be emailed to:	□ Agent	□ Owner	