



WBCA 002-B

**Building Consent Application and/or
 Project Information Memorandum
 for a Backflow Prevention Device**

FOR OFFICE USE ONLY

Project No:

Date Received:

(Only complete items that are applicable to your project)

APPLICATION

| | | |
|---|--------------------------|--|
| I request that you issue a: <i>(please tick one)</i> | <input type="checkbox"/> | Project Information Memorandum only (PIM) |
| | <input type="checkbox"/> | Building Consent only |
| | <input type="checkbox"/> | Building Consent only for existing PIM No: _____ (attach copy) |
| | <input type="checkbox"/> | Building Consent AND Project Information Memorandum |

THE BUILDING

| | | | |
|---|----------------|---|---------------------------|
| Street Address (or Rapid No if applicable): | | Building Name (if applicable): | |
| Legal Description: Lot: | DP: | Valuation Roll Number: | |
| Number of Levels: | Level/Unit No: | Total Floor Area: (all floors included) | |
| | | Existing: _____ m ² | Add: _____ m ² |
| Current lawfully established use: | | Approx year building first constructed: | |

THE PROJECT

Tick appropriate box and provide details of the make, model and size:

| | | | | |
|---------------------|--------------------------|-------------|--------------------------|---------------|
| What is the hazard: | <input type="checkbox"/> | High hazard | <input type="checkbox"/> | Medium hazard |
| Make: | Model: | Size: | | |

NB: List backflow preventer details separately below if more than one is to be installed.

| | |
|-------------------------------------|---|
| Value of proposed work (inc GST) \$ | Intended life, if less than 50 years: _____ years |
| Name of Craftsman Plumber: | Registration Number: |
| Mailing Address: | |
| E-mail Address: | Phone Day: |

THE OWNER

| | | |
|-----------------------------------|---|------------|
| Owner's Name: | Contact Person: <i>(if owner is not an individual)</i> | |
| Mailing/Billing Address: | | |
| Street Address/Registered Office: | | |
| E-mail Address: | Phone Day: | |
| Phone A'Hours: | Fax: | Cellphone: |

THE AGENT *Note - The Agent will be the first point of contact for communications with the Council/Building Consent Authority regarding this application/building work and will receive all correspondence including all invoices.*

| | | |
|-----------------------------------|---|------------|
| Agent's Name: | Contact Person: <i>(if Agent is not an individual)</i> | |
| Mailing/Billing Address: | | |
| Street Address/Registered Office: | | |
| E-mail Address: | Phone Day: | |
| Phone A'Hours: | Fax: | Cellphone: |

LOCATION PLAN

- An accurate site plan is required that identifies the location of the Backflow Prevention Device with relation to the buildings and site boundaries.
- The use of this Backflow Prevention Device and what it is protecting is to be shown on this plan.

Plan of Proposed Backflow Prevention Device

CONDITIONS OF THIS CONSENT

A test report from a suitably qualified person will be required. This report shall verify that the backflow prevention device has been correctly installed. The report must be forwarded to the Council prior to a Code Compliance Certificate being issued.

Note: A Reduced Pressure Zone device shall have the relief drain outlet located not less than 300 mm above the surrounding surface, and in a position that is not subject to ponding.

REQUIRED ATTACHMENTS

Evidence of ownership attached to this application:

Current Certificate of Title

Sale and Purchase Agreement

Location Plan of the Installation

a site plan showing the proposed location of the Backflow Prevention Device is required (see over)

Application fee is payable at the time of application. Additional levies may apply.

Is there an existing Compliance Schedule for the building?

Yes – does it include Backflow Prevention:

Yes

No – complete form “Compliance Schedule List”

No – complete form “Compliance Schedule List”

NOTES BY APPLICANT (Other notes or comments which you as the applicant may wish to add)

SIGNATURE

Signed by or for and on behalf of the Owner: _____

Owner

Agent

Date:

Note: If acting “for and on behalf”, please read the following declaration before signing: “I hereby declare that I am authorised to act as Agent of the Owner”.