



**WBCA 002**

**Project Information Memorandum and/or  
 Building Consent Application**

FOR OFFICE USE ONLY	
Project No:	
Date Received:	
Compliance Schedule required: Y / N	
Compliance Schedule No:	

(Only complete items that are applicable to your project)

APPLICATION	
Identify Application: (please tick one)	<input type="checkbox"/> Project Information Memorandum only (PIM)
	<input type="checkbox"/> Building Consent only (BC)
	<input type="checkbox"/> Building Consent only for existing PIM No: _____ (attach copy)
	<input type="checkbox"/> Building Consent AND Project Information Memorandum
	<input type="checkbox"/> National Multiple-Use Consent Application

Is the application for:  Residential – complete and attach WBCA 002-R  
 Commercial – complete and attach WBCA 002-I

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 <sup>2</sup>	Add: m <sup>2</sup>
Current lawfully established use:		Approx year building first constructed:	

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

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

Relationship to Owner – state details of authorisation to make application on owner's behalf:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION**

I request that you issue a PIM, PIM and BC, BC for the building work described in the application

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".

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

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**THE PROJECT**

Description of building work: \_\_\_\_\_

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Will the building work result in a change of use of the building?       Yes       No  
 (Refer to Building (Specified Systems, Change of Use, and Earthquake-prone Buildings) Regulations 2005 if in doubt)

If "Yes", provide details of the new intended use: \_\_\_\_\_

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Intended life of the building:	Indefinite but not less than 50 years	or specified as		years
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List Building Consents previously issued for this building (if any): (ie is this project being constructed in stages? Is this consent for a relocated or transportable building?)

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Estimated Value (inc GST) (ie the estimated aggregate of the values of all goods and services): \$ \_\_\_\_\_

**PIM**

The following matters are involved in the project:

	Subdivision		New or altered access for vehicles
	Alterations to land contours		Building work over or adjacent to any road or public place
	New or altered connections to public utilities		Disposal of stormwater or wastewater
	New or altered locations and/or external dimensions of buildings		Building work over any existing drains or sewer or in close proximity to wells or water mains
	Other matters known to the applicant that may require authorisations from the Building Consent Authority, Please specify:		

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**BUILDING CONSENT**

**The building work will comply with the building code as follows:**

Building Code Clause Tick relevant clause numbers of building Code	Means of Compliance Tick relevant compliance path(s) for each clause selected			
	Acceptable Solution	NZS 4121 Accessible Design	Verification Method	Alternative Solution
<input type="checkbox"/> B1 Structure	<input type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS2 <input type="checkbox"/> B1/AS3		<input type="checkbox"/> B1/VM1 <input type="checkbox"/> B1/VM4	<input type="checkbox"/>
<input type="checkbox"/> B2 Durability	<input type="checkbox"/> B2/AS1		<input type="checkbox"/> B2/VM1	<input type="checkbox"/>
<input type="checkbox"/> C1–4 Fire Safety Clauses	<input type="checkbox"/> C/AS1		<input type="checkbox"/> C/VM1	<input type="checkbox"/>
<input type="checkbox"/> D1 Access routes	<input type="checkbox"/> D1/AS1	<input type="checkbox"/>	<input type="checkbox"/> D1/VM1	<input type="checkbox"/>
<input type="checkbox"/> D2 Mechanical installation for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1		<input type="checkbox"/> E1/VM1	<input type="checkbox"/>
<input type="checkbox"/> E2 External moisture	<input type="checkbox"/> E2/AS1 <input type="checkbox"/> E2/AS2		<input type="checkbox"/> E2/VM1	<input type="checkbox"/>
<input type="checkbox"/> E3 Internal moisture	<input type="checkbox"/> E3/AS1			<input type="checkbox"/>
<input type="checkbox"/> F1 Hazardous agents on site			<input type="checkbox"/> F1/VM1	<input type="checkbox"/>
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1			<input type="checkbox"/>
<input type="checkbox"/> F3 Hazardous substances and processes			<input type="checkbox"/> F3/VM1	<input type="checkbox"/>
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1			<input type="checkbox"/>
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1			<input type="checkbox"/>
<input type="checkbox"/> F6 Visibility in escape routes	<input type="checkbox"/> F6/AS1			<input type="checkbox"/>
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1			<input type="checkbox"/>
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> G1 Personal Hygiene	<input type="checkbox"/> G1/AS1	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> G4 Ventilation	<input type="checkbox"/> G4/AS1		<input type="checkbox"/> G4/VM1	<input type="checkbox"/>
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> G6 Airborne impact sound	<input type="checkbox"/> G6/AS1		<input type="checkbox"/> G6/VM1	<input type="checkbox"/>
<input type="checkbox"/> G7 Natural light	<input type="checkbox"/> G7/AS1		<input type="checkbox"/> G7/VM1	<input type="checkbox"/>
<input type="checkbox"/> G8 Artificial light	<input type="checkbox"/> G8/AS1		<input type="checkbox"/> G8/VM1	<input type="checkbox"/>
<input type="checkbox"/> G9 Electricity	<input type="checkbox"/> G9/AS1		<input type="checkbox"/> G9/VM1	<input type="checkbox"/>
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1		<input type="checkbox"/> G10/VM1	<input type="checkbox"/>
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1			<input type="checkbox"/>
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2		<input type="checkbox"/> G12/VM1	<input type="checkbox"/>
<input type="checkbox"/> G13 Foul water	<input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> G13/AS3		<input type="checkbox"/> G13/VM1 <input type="checkbox"/> G13/VM4	<input type="checkbox"/>
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1		<input type="checkbox"/> G14/VM1	<input type="checkbox"/>
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1			<input type="checkbox"/>
<input type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1		<input type="checkbox"/> H1/VM1	<input type="checkbox"/>

**Waiver/modification to NZ Building Code required for following parts of the code:**

Provide details relating to the request for waiver

**COMPLIANCE SCHEDULE LIST**

Are any specified systems in this application? Y / N If yes, continue completing this form, if no go to next section.

If existing building, please state Compliance Schedule No:

Will the new work require an amendment to an existing Compliance Schedule? Y / N

Fire hazard category (please circle) 1 2 3 4 Total occupancy numbers:

Purpose group (please circle):

CS CL CO CM SC SD SA SR SH WL WM WH WF IA ID

Project No:  Project Address:

NOTE: If a new Compliance Schedule or an amendment to a Compliance Schedule is identified, two copies of the draft Compliance Schedule (with plan) MUST BE PROVIDED. Please list inspection and maintenance performance standards and specify year, eg NZS 4512:2003 Part 6 and state the reporting frequency.

Please tick the relevant boxes to show which systems are included or to be included in the building project	Existing	New / Modified	Removed	Do the systems use the Performance Standards plus inspection, maintenance and reporting procedures from the Building Code Handbook	If no, Performance Standards plus inspection, maintenance and reporting procedures identified in building consent documents	<b>COUNCIL USE - CONFIRMED</b>
SS1 Automatic systems for fire suppression						
SS2 Emergency warning systems						
SS3/1 Automatic doors						
SS3/2 Access controlled doors						
SS3/3 Interfaced fire or smoke doors or windows						
SS4 Emergency lighting systems						
SS5 Escape route pressurisation systems						
SS6 Riser mains						
SS7 Automatic back-flow preventers						
SS8/1 Passenger carrying lifts						
SS8/2 Service lifts						
SS8/3 Escalator and moving walks						
SS9 Mechanical ventilation, or air-conditioning systems/cooling towers						
SS10 Building maintenance units for providing access to the exterior and interior walls of building						
SS 11 Laboratory fume cupboards						
SS12/1 Audio loops						
SS12/2 FM radio and infrared beam transmission systems						
SS13/1 Mechanical smoke control						
SS13/2 Natural smoke control						
SS13/3 Smoke curtains						
SS14/1 Emergency power systems						
SS14/2 Signs for SS1-13						
SS15/1 Spoken information to facilitate evacuation						
SS15/2 Final exit						
SS15/3 Fire separations						
15/4 Signs for facilitating evacuation						
15/5 Smoke separations						
SS16 Cable cars						
<b>NONE OF THE ABOVE</b>						

KEY PERSONNEL		
<b>Name of Builder:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Certifying Plumber:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Licensed Drainlayer:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Certifying Gasfitter:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Designer:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	
<b>Name of Engineer:</b>		Registration Number:
Mailing Address:		
E-mail Address:	Phone Day:	

**NOTE:** Remember to complete and attach the appropriate lodgement checklist.