



WBCA 005

Form 11
Application for Amendment
to Compliance Schedule
Section 106, Building Act 2004

FOR OFFICE USE ONLY	
Project No:	
Date Received:	

APPLICATION			
I request that you amend a Compliance Schedule for the building described in this application.			
THE BUILDING			
Street Address (or Rapid No if applicable):		Building Name (if applicable):	
		Compliance Schedule No:	New: Y/N
Legal Description: Lot:	DP:	Valuation Roll Number:	
Location within site/block:			Street access:
Number of Levels:	Level/Unit No:	Total Floor Area: (all floors included)	
		Existing:	m ² Add: m ²
Current lawfully established use/s:		Approx year building first constructed:	
No. occupants per level/use:		Building Consents:	
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:	Mobile:	
THE AGENT only required if application is being made on behalf of the owner			
Agent's Name:		Contact Person: (if Agent is not an individual)	
Relationship with owner:		Authorisation from owner details:	
Mailing/Billing Address:			
Street Address/Registered Office:			
E-mail Address:		Phone Day:	
Phone A'Hours:	Fax:	Mobile:	
REQUIRED ATTACHMENTS			
Evidence of ownership attached to this application:			
<input type="checkbox"/>	Certificate of Title	<input type="checkbox"/>	Sale and Purchase Agreement
<input type="checkbox"/>	Copy of existing Compliance Schedule		
<input type="checkbox"/>	Anything else?		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

AMENDMENTS

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

Systems	Tick if change required	Amendment Required	Reason
Cable Car			
1 Emergency Lighting System	<input type="checkbox"/>		
2 Emergency Warning System for Fire or Other Dangers	<input type="checkbox"/>		
3 Electromagnetic or Automatic Doors or Windows	<input type="checkbox"/>		
4 Emergency Lighting System	<input type="checkbox"/>		
5 Escape Route Pressurisation	<input type="checkbox"/>		
6 Riser, Mains for Fire	<input type="checkbox"/>		
7 Automatic Back Flow Preventer connected to Potable Water Supply	<input type="checkbox"/>		
8 Lifts, Escalators	<input type="checkbox"/>		
9 Mechanical Ventilation or Air Conditioning	<input type="checkbox"/>		
10 Building Maintenance Units	<input type="checkbox"/>		
11 Laboratory Fume Cupboards	<input type="checkbox"/>		
12 Audio Loops or Other Assistive Listening Systems	<input type="checkbox"/>		
13 Smoke Control Systems	<input type="checkbox"/>		
14 Emergency Power Systems for, or signs relating to, a system or feature specified in any clauses 1 to 13	<input type="checkbox"/>		
15 Means of Escape from Fire	<input type="checkbox"/>		
15.1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>		
15.2 Final Exit (as defined by A2 of the Building Code); and	<input type="checkbox"/>		
15.3 Fire Separations	<input type="checkbox"/>		
15.4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>		
15.5 Smoke separations	<input type="checkbox"/>		

SIGNATURE

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".

Signed by or for and on behalf of the Owner:

☐ Owner ☐ Agent Date: _____

Invoice payable by:

ATTACHMENTS:

Copy of existing Compliance Schedule:

Copy of building plan showing Specified Systems:

Commissioning certificates:

Producer Statements:

IQP report:

Fire Report: