



WBCA 005

Application for Amendment to Compliance Schedule

FOR OFFICE USE ONLY

Project No:

Date Received:

(Only complete items that are applicable to your project)

APPLICATION

I request that you issue a Certificate of Acceptance for the building work described in this application.

THE BUILDING

Street Address (or Rapid No if applicable):		Building Name (if applicable):	
		Compliance Schedule No:	
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 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

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

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?		

AMENDMENTS

Cable Car Systems	Tick if change required	Amendment Required	Reason
1 Emergency Lighting System	<input type="checkbox"/>		
2 Emergency Warning System for Fire or Other Dangers	<input type="checkbox"/>		
3 Electromagnetic or Automatic Doors	<input type="checkbox"/>		

AMENDMENTS (continued)

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"/>		

Complete this section only if the building contains or will contain any of the systems above

16	Safety Barriers	<input type="checkbox"/>		
17	Access and Facilities for People with Disabilities	<input type="checkbox"/>		
18	Hand-Held Hose Reels	<input type="checkbox"/>		
19	Such signs as are required by the Building Code or Section 120 of the Building Act 2004	<input type="checkbox"/>		

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".