



1. The building consent

1a. Building consent number

1b. Site address

1c. Issued by New Plymouth District Council
 Other - please specify

2. Property owner details

2a. Name

2b. Contact person (If owner is a corporation, partnership or trust)

2c. Postal address (include postcode and rural delivery details)

2d. Contact details Home phone Work phone Mobile

2e. Email address

2f. Evidence of ownership attached (Required only if ownership has changed) Record of title (copy) Lease agreement Sale and purchase agreement Other document showing full name of legal owner(s), such as a rates instalment notice

3. Applicant details

3a. I am the	<input type="radio"/> Property owner Proceed to 3f.	<input type="radio"/> Lessee Provide details below	<input type="radio"/> Agent authorised by owner/lessee Provide details below
3b. Name	<input type="text"/>		
3c. Postal address	<input type="text"/> <input type="text"/>		
3d. Contact numbers	<input type="text"/> Home phone	<input type="text"/> Work phone	<input type="text"/> Mobile
3e. Email	<input type="text"/>		
3f. Preferred means of correspondence	<input type="radio"/> Mail	<input type="radio"/> Email	

OFFICE USE ONLY

Date received	<input type="text"/>	Applicant #	<input type="text"/>	Application #	<input type="text"/> BC / <input type="text"/>
Time received	<input type="text"/>	Property #	<input type="text"/>	Document #	<input type="text"/>
Received by	<input type="text"/>	Land #	<input type="text"/>		

Liardet Street, Private Bag 2025, New Plymouth 4340, New Zealand. Telephone 06-759 6060, Fax 06-759 6072, Email enquiries@npdc.govt.nz, Website www.newplymouthnz.com

5. Practitioners - continued

5c. The personnel who carried out building work other than restricted building work are as follows:

Designer Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>

Builder Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>

Certifying Drainlayer Name	<input type="text"/>	Registration number	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
		Mobile	<input type="text"/>
		Email	<input type="text"/>

Certifying Plumber Name	<input type="text"/>	Registration number	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
		Mobile	<input type="text"/>
		Email	<input type="text"/>

Certifying Gasfitter Name	<input type="text"/>	Registration number	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
		Mobile	<input type="text"/>
		Email	<input type="text"/>

Registered Electrician Name	<input type="text"/>	Registration number	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
		Mobile	<input type="text"/>
		Email	<input type="text"/>

Other Name	<input type="text"/>	Registration number	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
		Mobile	<input type="text"/>
		Email	<input type="text"/>

5d. Date building work was completed

5e. 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:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

5f. I request that you issue a code compliance certificate for the work under section 95 of the Building Act 2004. I understand that the code compliance certificate will be sent to the property owner.

<input type="text"/>	<input type="text"/>
Signature of applicant	Date