

Exemption application checklist



Please complete with application for Exemption

Address of proposed building works

Use this check sheet, to help you to lodge a complete Exemption application and to avoid processing delays. Please attach the completed check sheet and 1 copy of the following information with your completed application form.

Tick each relevant box and ensure you attach the information. If the box is not relevant, please write **NA** across the box.

Customer use	Office use only
<input type="checkbox"/> a. Proof of ownership <ul style="list-style-type: none">A current certificate of title less than 6 months old and any listed certificated e.g. Consent notices, building line restrictions etc. <p>If a current certificate of title is not supplied we will obtain this on your behalf and invoice you for the cost.</p>	<input type="checkbox"/>
<input type="checkbox"/> b. Relevant documentation that shows how the proposed work complies with the current Building Code. Submissions should be of the same quality that would be submitted for a building consent <ul style="list-style-type: none">What are you applying forWhere is the work site plans showing distances to boundariesWho is designing and building the work LBP detailsWhat are the specifics of the site Geotech reports ground bearing wind zonesDetailed plans of the work showing how all relevant clauses of the NZBC are metSpecifications for all products usedPS1's for designs if requiredFire report if neededDetails of any specified systems affected	<input type="checkbox"/>
<input type="checkbox"/> c. Application fee <p>Applications will not be accepted without payment of the appropriate fees. Fees payable are set out in the Council's "<i>fees and charges</i>" available from https://www.fndc.govt.nz/feesandcharges</p>	<input type="checkbox"/>

Please note : If the application is received without the correct information it will not be processed and will be returned.

For owner/agent use only

Name:

Signature:

Date:

For office use only

Officer verification

Name:

Signature:

Date:

Application Received: _____

Application Number: _____

Application for Building Consent Exemption under the Building Act 2004 Schedule 1(2)

Please note that an application fee applies. Refer to our Fees and Charges for details.

The Building – project location

Checked by Applicant

TA

Street address of building: _____
(For structures which do not have a street address number, state the nearest street intersection and the distance and direction from that intersection, or the closest RAPID no):

Legal description of land and where building is located:

(if the land is proposed to be subdivided, include details relevant lot number and subdivision consent)

Lot # _____ DP# _____

Valuation Roll Number:

_____ (This can be found on your Valuation Notice, Rates Invoice or ask at any Council Service Centre).

Building name: (if applicable)

Location of building within site/block number:

_____ (Includes nearest street access)

Number of Levels:

_____ (Include ground level and any levels belowground)

Level / unit number:

Area: _____ m² **Year first constructed:** _____

(Total floor area - indicate area affected by the building work if less than the total area)

Current, lawfully established, use: (Include number of occupants per level and per use if more than 1)

The Owner – must be completed for all applications

Checked by Applicant

TA

Name of owner

_____ (e.g. Mr, Mrs, Miss, Dr if an individual)

Contact person:

Mailing address:

Contact details:

Email Address _____

Landline _____

Mobile _____

The following evidence of ownership is attached to this application:

If the Owner is a Company, Trust or other Organisation the Title or Capacity of the authorised signatory must be given. Documents to show full name of legal owner(s) of the building.

Certificate of Title 6 months old or less Agreement for Sale and Purchase agreement Lease Other

(Include Gazette notices, Consent notices and BLR's)

Agent (Do you have written authorisation documents from the owner?)

Checked by Applicant

TA

Name of the agent: _____

(Only required if application is being made on behalf of the owner)

Contact person: _____

Mailing address: _____

Contact details:

Email Address _____

Landline _____

Mobile _____

Relationship to the Owner: _____

(Stat/provide details of the authorisation from the Owner to make the application on the owner's behalf)

First point of contact for communications:

Checked by Applicant

TA

Owner Agent Other (provide full name, contact details as above)

Preferred means of communication: Post Email Phone (Landline) Phone (Mobile)

The Project

Checked by Applicant

TA

The following matters are involved in the project:

Yes N/A

- Subdivision
- Alterations to land contours
- New or altered connections to public utilities
- New or altered locations and / or external dimensions of the building
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of storm water and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the Territorial authority:

Specify :

Description of the building work: _____

The ProjectChecked by Applicant TA Will the building work result in a change of use of the building? Yes No

If Yes, provide details of new use: _____

Intended life of the building if less than 50 years: _____ years

List Building Consents previously issued (if any): _____

Estimated value of building work (as defined in [section 7](#) of the Building Act) on which the building levy will be calculated, including goods and services tax.

\$ _____

Are there any Specified Systems involved with this application? Yes No ***If the answer to the question above is "Yes" then exemption to building consent will not be granted you need to apply for a building consent.*****Does this project require:****Vehicle Crossing Permit** (new crossing from the road to this site)**Connection to Public Utilities** application (Public drainage, water supply or sewerage connection)**"RAPID"** number (as the site has no other address numbering)**Certificate of Title**, council can provide one of these as part of your application for a feeIf you do require an application for any of these they are available from our web site www.fndc.govt.nz.**Application**Checked by Applicant TA **I request an exemption under schedule 1 of the Building Act 2004 for the following reasons:**

I hereby certify that, to the best of my knowledge, the information given in this application is true, complete and correct.Signed by: Owner Agent on behalf of and with the authority of the owner

Signature: _____

Date: _____

If an exemption cannot be granted a Building Consent application will be required**The Person / Organisation responsible for invoice payments for this application:**Owner Agent Other (provide full name, contact details as above)**Attachments**Checked by Applicant TA Copies of Plans and Specifications Producer Statements Photographs References to determinations/opinions Other: _____***Council will request further information if supplied details are not considered adequate***

Key Contacts :Please provide the following details of all licensed building practitioners (LBP) and other trades who will be involved in carrying out or supervising building work.(attach other page if required)

Designer or Architect		Builder / Carpentry Work	
Name:		Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Drainlayer		Plumber	
Name:		Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Structural Engineer		Block laying	
Name:		Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	
Foundation work		Roofing work	
Name:		Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	
External Plastering		Other	
Name:		Business / Name:	
Daytime:	Mobile:	Daytime:	Mobile:
Registration or LBP Registration No:		Registration or LBP Registration No:	

Submit your application

Post your completed application form to –

The Building Manager
Far North District Council
Private Bag 752
Kaikohe 0440

Make an appointment –

To avoid delays and to have your application checked for completeness, call **0800 920 029** to make an appointment with a Vetting Officer at the Kerikeri or Kaitaia Service Centre.

Drop your completed application form in at one of our Service Centers –

Kaikohe Service Centre

Memorial Avenue
KAIKOHE

Kaitaia Service Centre (Te Ahu)

Cn Church & South Roads
KAITAIA

Kaero Service Centre

Main Road
KAEAO

John Butler Centre

60 Kerikeri Road
KERIKERI

Kawakawa Service Centre

Gillies Avenue
KAWAKAWA

Rawene Service Centre

Parnell Street
RAWENE