

Application for amendment to compliance schedule

Section 106, Building Act 2004

Send or deliver your application to: Upper Hutt City Council, Private Bag 907, 838 – 842 Fergusson Drive, Upper Hutt. For enquiries, phone 527 2169.

Application #

NOTE: Do not use this form where a specified system has been installed, altered or removed without obtaining a building consent, application should be made for a Certificate of Acceptance.

The Building

Street address of building:

Legal description of land where building is located:

[state legal description as at the date of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent]

Building name [if applicable]

Location of building within site: [include nearest street access]

Level/Unit number:

Current, lawfully established, use: [include number of occupants per level and per use if more than 1 level]

Owner

Name of Owner: [include preferred form of title, eg, Mr, Miss, Dr, if an individual]

Contact Person: [only required if different from Owner]

Mailing address:

Street address/Registered office:

Contact details:

Landline: _____

Mobile: _____

Daytime: _____

After hours: _____

Facsimile number: _____

Email: _____

Please attach one of the following as evidence of ownership to this application:

- copy of certificate of title, lease, agreement for sale and purchase,
 or other document no older than 3 months showing full name of legal owner(s) of the building

Agent

Name of Agent: *[only required if application is being made on behalf of the owner]*

Contact Person:

Mailing address:

Street address/Registered office:

Contact details:

Landline: _____ Mobile: _____
Daytime: _____ After hours: _____
Facsimile number: _____ Email: _____

Relationship to Owner: *[state details of the authorisation from the owner to make the application on the owner's behalf]*

First point of contact

[if different from Owner or Agent]

Name of contact:

Mailing address:

Street address/Registered office:

Contact details:

Landline: _____ Mobile: _____
Daytime: _____ After hours: _____
Facsimile number: _____ Email: _____

Application

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

Specified system	Amendment	Reason
<i>[specified system requiring amendment]</i>	<i>[amendment required]</i>	<i>[state why amendment is required to ensure that the specified system meets the performance standards]</i>

Attachments

A copy of the existing compliance schedule must be attached to this application

Signed by the owner OR

Signature: _____

Name: _____

Date: _____

Signed by the agent *[on behalf of, or with authority from, the owner]*

Signature: _____

Name: _____

Date: _____