



BULLER
DISTRICT COUNCIL
www.bullerdc.govt.nz

P O Box 21, Westport
Phone: (03) 788 9112
Fax: (03) 788 8041

P O Box 75, Reefton
Phone: (03) 732 8821
Fax: (03) 732 8822

**ORIGINAL BUILDING
CONSENT NO:**

**AMENDED BUILDING CONSENT APPLICATION
BAM 002-A**

DATE RECEIVED:

This form may be used at any Mainland Building Consent Authority

APPLICATION

I request that you issue an amendment to a Building Consent already issued for the building work described in this application.

THE BUILDING

| | | |
|---|---|----------------|
| Site/Location Address: (or Rapid Number if applicable): | Current lawfully established use: | |
| Legal Description : | Total Floor Area (all floors included): Existing _____ m ² New _____ m ² | |
| Valuation Roll Number: | Number of levels: | Level/Unit No: |
| Building Name if applicable: | Approximate year building was first constructed: | |

THE PROJECT

| | |
|---|---|
| Description of amended work: _____ _____ _____ | Estimated Value of amended work (inc GST) (in addition to, or reduction from, what was stated with the original application) Further building levies may apply. \$ _____ <input type="checkbox"/> Addition <input type="checkbox"/> Reduction <input type="checkbox"/> No change |
| | Associated Resource Consents: # |

THE OWNER

AGENT – APPLICANT

| | | | |
|--|--|------------|---------|
| Owners Name: | Agents Name: | | |
| Contact person: (if owner is not an individual) | Contact person: | | |
| Mailing Address: | Mailing/Billing Address: | | |
| Street Address/Registered Office | Street Address/Registered Office | | |
| E-mail address: | E-mail address: | | |
| Phone Numbers: | Phone numbers: | | |
| Daytime: | Mobile: | Daytime: | Mobile: |
| After hours: | Fax: | After hrs: | Fax: |
| Evidence of ownership attached to this application: <input type="checkbox"/> Certificate of Title <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Sale and Purchase Agreement <input type="checkbox"/> Other | 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. | | |

REQUIRED ATTACHMENTS

- Original consented plans that are to be amended
- Project Information Memorandum
- 2 copies of amended plans, including all construction details, with amendments highlighted or clouded**

| KEY PERSONNEL | |
|--|----------------------|
| Name of Builder : Mailing Address: E-mail Address: | Phone Number: |
| | Registration Number: |
| Name of Craftsman Plumber : Mailing Address: E-mail Address: | Phone Number: |
| | Registration Number: |
| Name of Registered Drainlayer : Mailing Address: E-mail Address: | Phone Number: |
| | Registration Number: |
| Name of Architectural Designer : Mailing Address: E-mail Address: | Phone Number: |
| | Registration Number: |
| Name of Structural Engineer : Mailing Address: E-mail Address: | Phone Number: |
| | Registration Number: |

Has the engineer provided a Producer Statement – Design? Yes No
 Has the engineer been engaged to carry out site inspections on the job? Yes No

(if yes, these must be specified on the Producer Statement)

| SIGNATURE | |
|--|--|
| <input type="checkbox"/> Owner <input type="checkbox"/> Agent | <input type="checkbox"/> We require our plans and/or specifications to remain confidential |
| _____ Signed by or for and on behalf of the Owner | _____ Date |

Note: If acting "or and on behalf", please read the following declaration before signing: "I hereby declare that I am authorised to act as Agent of the Applicant".

| NOTES | 1. This does not apply to building consents that already have a Code Compliance Certificate issued. | |
|-------|--|--|
| | 2. This application is for minor amendments to issued building consents. It is not intended to be used where the scope of work is extended. | |
| | 3. Processing fees (plus any additional Building or Building Research Levies) are to be paid before any work covered by the amendment may proceed. | |
| | | |

| OFFICE USE ONLY | Comment | Approving Officer | Date Approved |
|-----------------|---------|-------------------|---------------|
| | | | |

Fee: \$ Invoice No.: Date: Receipt No.: