



BULLER
DISTRICT COUNCIL
www.bullerdc.govt.nz

P O Box 21, Westport
Phone: (03) 788 9111
Fax: (03) 788 8041

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

PROJECT NO: _____
Due Date: _____

THE APPLICATION

**BUILDING CONSENT AND / OR
PROJECT INFORMATION MEMORANDUM
APPLICATION FOR A TEMPORARY BUILDING
BAM002-T**

This form may be used at any Mainland Building Consent Authority

DATE RECEIVED:

Project Information Memorandum only (PIM)
 Building Consent only for existing PIM No : _____ (attach copy)
 Building Consent (including Project Information Memorandum)

THE BUILDING

Site/Location Address: (or Rapid Number if applicable): _____
Legal Description: _____
Valuation Roll Number: _____
Building Name if applicable: _____

Current lawfully established use: _____
Total Floor Area (all floors included):
Existing _____ m² New _____ m²
Number of levels: _____ Level/Unit No: _____
Approximate year building was first constructed: _____

THE PROJECT

TO ERECT A TEMPORARY STRUCTURE:
DESCRIPTION OF WORK (please tick and give details)

Marquee / tent over 50m² (public use)
 Marquee / tent over 100m² (private use)
 Marquee / tent complex
 Stage over 1 metre high
 Scaffold structure
 Grandstand
 Portable building
 Temporary artwork
 Other

Detailed description: _____

Date of erection: _____
Date of removal: _____

THE OWNER

Evidence of ownership attached:
 Certificate of Title Lease Agreement
 Sale & Purchase Agreement Other

Owners Name: _____

Contact person:
(if owner is not an individual)

Mailing Address: _____

Street Address/Registered Office _____

E-mail address: _____

THE AGENT

If this section is completed, the **Agent** will be the first point of contact for communications with Council and will receive all correspondence **including all invoices and consent documents.**

Agent's Name _____

Contact person: _____

Mailing/Billing Address: _____

Street Address/Registered Office _____

E-mail address: _____

PHONE

Day: _____
Mobile: _____
After hours: _____
Fax: _____

PHONE

Day: _____
Mobile: _____
After hours: _____
Fax: _____

Draw a site and floor plan showing:

- Location of the building on the site
- Size of the building
- Location and size of exits
- What activities are taking place in the building
- Location of sanitary facilities

FIRE SAFETY CONSIDERATIONS FOR MARQUEES	Applicable	Not Applicable
SITING <ul style="list-style-type: none"> ▪ If the marquee is situated adjacent to a building make sure the existing exits to the building are maintained. If the existing building's or the marquee's means of escape is compromised a fire design prepared by a fire engineer will be required. ▪ If the marquee is situated in close proximity (ie within 10m) of a commercial building, check that this building is not a sprinklered building. If it is a sprinklered building, then the marquee must be separated by 3m if it is for social use (lower fire load) or 10m horizontally and 15m vertically if it is for display use (ie higher fire loads). ▪ If the marquee is situated within 10m of a sprinklered building the buildings insurers must be aware that the building is out of compliance for the duration of the marquee being there. ▪ All marquees should be more than 1m from allotment boundaries. 	<input type="checkbox"/>	<input type="checkbox"/>
LPG APPLIANCES <ul style="list-style-type: none"> ▪ LPG inside the marquee must be limited to 10kg in total. If more than this amount is required a Hazardous Substance Enforcement Officer must provide prior approval. ▪ Only appliances approved for internal use can be used inside the marquee. Generally patio heaters can't be used inside. 	<input type="checkbox"/>	<input type="checkbox"/>
PORTABLE DIESEL HEATERS <ul style="list-style-type: none"> ▪ Only to be used to preheat the marquee. ▪ Must be removed before the marquee is occupied. 	<input type="checkbox"/>	<input type="checkbox"/>
COMBINED WITH BUILDINGS <ul style="list-style-type: none"> ▪ If the marquee is to be used as an extension to an existing building or another marquee a fire design prepared by a fire engineer will be required. 	<input type="checkbox"/>	<input type="checkbox"/>
TWO STORY MARQUEES <ul style="list-style-type: none"> ▪ Marquees with a second floor are to have a fire design prepared by a fire engineer. 	<input type="checkbox"/>	<input type="checkbox"/>
ESCAPE ROUTE LENGTHS <ul style="list-style-type: none"> ▪ Where only one exit is provided the escape route length must be less than 18m ▪ Where two or more exits are provided the escape route length via any exit must be less than 45m 	<input type="checkbox"/>	<input type="checkbox"/>
EXIT POSITIONS <ul style="list-style-type: none"> ▪ Where more than one exit is provided they shall be placed at approximately equal intervals around the perimeter of the marquee 	<input type="checkbox"/>	<input type="checkbox"/>
EXIT WIDTHS <ul style="list-style-type: none"> ▪ The total width of exits must be equal to the total number of occupants multiplied by 7mm ▪ Each exit should have a minimum width of 1m ▪ Where more than one exit is provided the widest exit is not to be considered as part of the exit width calculations ▪ Furniture layout shall be arranged so that adequate access to the exits is available. The widths to suit the exits. 	<input type="checkbox"/>	<input type="checkbox"/>
FIRE ALARM <ul style="list-style-type: none"> ▪ Fire alarm call points must be located adjacent to each exit ▪ All sounders must be interconnected so that if any call point is activated all sounders operate ▪ If the marquee has internal partitions a fire alarm may be required with less than 100 occupants 	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY LIGHTING AND ILLUMINATED EXIT SIGNAGE <ul style="list-style-type: none"> ▪ Emergency lighting and illuminated exit signage only needs to be installed when the marquee is used during the hours of darkness 	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE <ul style="list-style-type: none"> ▪ Telephone to be available to enable 111 calls to be made 	<input type="checkbox"/>	<input type="checkbox"/>
EVACUATION PROCEDURE <ul style="list-style-type: none"> ▪ Evacuation procedure must satisfy the NZ Fire Service requirements prior to occupation ▪ Where the marquee is attached to another building the existing evacuation scheme for the building must be amended to incorporate the marquee 	<input type="checkbox"/>	<input type="checkbox"/>
FIRE EXTINGUISHERS <ul style="list-style-type: none"> ▪ Portable hand held fire extinguishers shall be provided and located beside all electrical and LPG equipment 	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 1 - FIRE SAFETY PRECAUTIONS - REQUIRED

Number of occupants	Means of Escape (exits)	Exit Signage	Illuminated Exit Signage	Fire Alarm	Telephone	Evacuation Procedure	Fire Extinguishers	Emergency Lighting Throughout
Up to 50	One	Yes	No	No	No	Yes	No	No
51 to 100	Two	Yes	No	Yes	Yes	Yes	No	No
101 to 250	Two	Yes	No	Yes	Yes	Yes*	No	No
251 to 500	Two	Yes	Yes	Yes	Yes	Yes*	Yes	No
501 to 1000	Three	Yes	Yes	Yes	Yes	Yes*	Yes	Yes
1001 to 2000	Four	Yes	Yes	Yes	Yes	Yes*	Yes	Yes
over 2000	Specific Design by a Fire Engineer							

* To be approved by the New Zealand Fire Service

TABLE 2 – OCCUPANT DENSITIES

Area	Users/m ²
Bar standing area	2.0
Loose seating	1.3
Bar sitting area	1.0 (or number of seats)
Restaurants, dining rooms, loose seating with tables	0.9 (or number of seats)
Dining, beverage & cafeteria spaces	0.8
Exhibition areas, trade fairs	0.7
Showrooms	0.2
Furniture, floor covering, large appliance, building supply & manchester retail spaces	0.1
Kitchens	0.1
Fixed seating areas	Number of seats

TABLE 3 – PERSONAL HYGIENE FACILITIES

Standard Facilities

Occupant Numbers	Number of Fixtures
1 – 5	1
6 – 40	2

Occupant Numbers	Number of Fixtures
41 – 80	3
> 80	Add 1 per 50

Accessible Facilities

Occupant Numbers	Number of Fixtures
1 – 300	1

Occupant Numbers	Number of Fixtures
> 300	2

Calculate Occupant Numbers:

marquee area m² x occupant density (table 2) = Occupants

Calculate Exit Width:

[occupants x 7mm] / [no. exits (table 1) - 1 (widest)] mm (Min. 1000)

Calculate Sanitary Facilities (over 80 occ.):

[occupants - 80] / 50 = + 3 = Fixtures

(must include 1 accessible unit for 1 – 300 occupants or 2 accessible units for > 300 occupants)

REQUIRED ATTACHMENTS

Have you provided the following? (where relevant)

- | | | |
|------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Site plan | <input type="checkbox"/> Elevations | <input type="checkbox"/> Producer Statement |
| <input type="checkbox"/> Cross sections | <input type="checkbox"/> Structural details | <input type="checkbox"/> 3 copies of plans |
| <input type="checkbox"/> Full Floor plan | | |

Application Fee: A set fee of \$200.00 must be included with this application.

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".

We require our plans and/or specifications to remain confidential to protect copyright

PRODUCER STATEMENT (INSPECTIONS)

I _____ (*name*) of _____ (*company*) issue this statement to the Building Consent Authority, in respect to the temporary structure specified on this application. I will accept the conditions set by the Council relating to the building consent, and as a suitably qualified expert, I or persons under my control will supervise the erection of the structure mentioned above. The structure will be erected in accordance with the requirements of the Building Regulations, and will be completed & maintained to the extent required by the building consent before the structure is occupied. I also confirm that any safety feature and system as detailed on the building consent will be installed & maintained in accordance with the Building Code.

Signed: Telephone:

Fax: Date:

INTERNAL OFFICE USE ONLY

Application to also be assessed by:

Planning (RMA)		Liquor Licensing (SOL)		Food Hygiene (FHR)		Fire Service	
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Comments: _____

_____ *Signature*

_____ *Date*

RECEIVED

Officer:	
Date received:	
Deposit paid:	
Receipt:	

ISSUED

RELEASED

Officer:		Officer:	
Date:		Receipt/Transaction:	
Invoice:		Payment Date:	