



**BULLER**  
DISTRICT COUNCIL  
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**CERTIFICATE OF ACCEPTANCE NO:**

**CERTIFICATE OF ACCEPTANCE APPLICATION  
BAM 008**

**DATE RECEIVED:**

This form may be used at any Mainland Building Consent Authority

**APPLICATION**

I request that you issue a Certificate of Acceptance for the building work described in this application.

**THE BUILDING**

Street Address: (Include Postal Code and/or Rapid Number if Applicable):	Number of Levels:	Level/Unit No:
	Valuation Roll No.:	Approx Year Building was First Constructed:
Legal Description:	Total Floor Area (all floors included):	
Lot No.: _____ D.P. No. _____	Existing _____ m <sup>2</sup> Add _____ m <sup>2</sup>	
Current Lawfully Established Use:		
Building Name if Applicable:		

**THE PROJECT**

Description of Building Work: _____ _____ _____	Intended life of the building: <input type="checkbox"/> Indefinite but not less than 50 years <input type="checkbox"/> or Specified as _____ years
	List Building Consents previously issued for this building (if any): (ie, is this project being constructed in stages? Is this consent for a relocated or transportable building?) _____
Did the Building undergo a change of use? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Estimated Value</b> (inc GST) \$ _____
If "Yes", provide details of the new intended use:	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.	

**A Certificate of Acceptance is required because:**

**Unauthorised work:** The owner, or owners predecessor in title, carried out building work for which a building consent was required, but a building consent was not obtained because: (explain detail):

\_\_\_\_\_

\_\_\_\_\_

**Urgent work:** A building consent could not practicably be obtained in advance because the building work Had to be carried out urgently: (complete one of the following)

- for the purpose of saving or protecting life or health or preventing serious damage to property as follows:

(explain in detail) \_\_\_\_\_

\_\_\_\_\_

- in order to ensure that a specified system was maintained in a safe condition or made safe as follows:

(explain in detail) \_\_\_\_\_

\_\_\_\_\_

**Building Certifier/Building Consent Authority Work:** The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work:

Building Certifier/Building Consent Authority: \_\_\_\_\_

**REQUIRED ATTACHMENTS**

Complete and attach **ONE** of the following checklists, and provide **ALL** of the information, and plans requested on that checklist:

- Form BAM 002-R Residential Work
- Form BAM 002-1 Commercial/Industrial Work

**KEY PERSONNEL**

<b>Name of Designer:</b> Mailing Address: E-mail Address:	Phone Number:  Registration Number:
<b>Name of Engineer:</b> Mailing Address: E-mail Address:	Phone Number:  Registration Number:
<b>Name of Builder:</b> Mailing Address: E-mail Address:	Phone Number:  Registration Number:

<b>Name of Craftsman Plumber:</b> Mailing Address: E-mail Address:	Phone Number:  Registration Number:
<b>Name of Registered Drainlayer:</b> Mailing Address: E-mail Address:	Phone Number:  Registration Number:
<b>Name of Registered Electrician:</b> Mailing Address: E-mail Address:	Phone Number:  Registration Number:

REQUIRED INFORMATION / ATTACHMENTS	
<input type="checkbox"/> 2 COPIES of any plans required <input type="checkbox"/> 2 COPIES Manufacturer's specifications if required <b>One copy of these will be retained on Council's files and one will be returned to the owner.</b>	
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 by applicant:** (Other notes or comments which you as the applicant may wish to add)

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**An appointment must be made with a Building Consent officer to lodge this application.**

**A minimum application fee plus relevant levies apply at that time.**

**Notes**

- Certificate of Acceptance Fees: The charges incurred by the Council in processing this application are payable whether or not the application is approved.
- The application for a Certificate of Acceptance does not avoid the possibility of prosecution if the work was carried out illegally.

# INTERNAL OFFICE USE ONLY – Processing Costs

Application to also be assessed by:

Planning (RMA)	Liquor Licensing (SOL)	Food Hygeine (FHR)	Fire Service	
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Processing Costs – including counter time:

Date	Action Taken	Processing Officer	Time	Cost
<b>Total Processing Charges</b>				

## Conditions

<b>Issue Certificate of Acceptance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No           Signature: _____

RECEIVING INFORMATION	FEES AND CHARGES
Receiving Officer:	<b>Shaded area is for what would have been charged for a building consent if one had been applied for.</b>
Date application received:	Administration Fee
Date application accepted:	Processing Charges
Fire Service	Inspections (Number _____)
Historic Places Trust	Compliance Schedule
External Processing	Code Compliance Certificate
	PIM
	Fire Services Assessment
	Other
<b>ISSUING INFORMATION</b>	<b>SUBTOTAL</b>
Issuing Officer:	BCA Levy (8%)
Date Issued:	<b>SUBTOTAL</b>
Invoice Number:	DBH Levy (32040906) \$1.97/\$1,000
Receipt Number:	BRANZ Levy (32040905) \$1/\$1,000
Date of Receipt:	<b>PROCESSING CHARGES FOR CoA</b> \$
	<b>TOTAL FEES</b>