



Far North
District Council

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):

5 WAIANGA PLACE, OMAPERE 0473
NORTHLAND

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 # 11 DP# 120046 Block VII Hokianga

Valuation Roll Number:

00618-38801
(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)

North East CORNER OF SECTION.
(Plan attached)

Number of Levels:

(Include ground level and any levels below ground)

Level / unit number:

Area: (A) 36m² (B) 18m² m² Year first constructed: (A) 2000 (B) 2015
(Total floor area - indicate area affected by the building work if less than the total area) = 5m² Porch

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

2 Occupants per level, private main home.

The Owner – must be completed for all applications

Checked by Applicant ☐

TA ☐

Name of owner

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

Mr Freddie & Mrs Margot Ah Kuo

Contact person:

Margot Ah Kuo

Mailing address:

Po Box 226 Opononi 0445
Northland

Contact details:

Email Address

Fredandmargot@gmail.com

Landline

X Mobile 021-0858-1698

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

Specify :

Description of the building work: Existing Porch is currently 3000mm x 2470mm
= 7.41 m². We would like to enclose 5m² area of porch, which will
join the 18m² and 36m² buildings. The double doors on the 36m²
building will be relocated to East wall. The door (entry) to 18m² will be
removed. Openings will be left "open". Front door will be created on
West side of porch enclosed, using door of 18m² building.

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):

BC-2015-270/0 = 18sqm building

ABA 20010032 = 36m² Building

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.

\$10,500.00

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) No**Connection to Public Utilities** application (Public drainage, water supply or sewerage connection) No**"RAPID"** number (as the site has no other address numbering) No**Certificate of Title**, council can provide one of these as part of your application for a fee NoIf 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:

The area of the porch being enclosed will be less than 5m²
The work will be carried out by a licenced builder, in accordance with current building codes and requirements

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:

Margot Al-Kho?

Date:

25/11/21

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)

AttachmentsChecked by Applicant ☐TA ☐☒ Copies of Plans and Specifications

(Site position)

☐ Producer Statements☒ Photographs☐ References to determinations/opinions☒ Other: Graph paper of proposed porch enclosure.**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: <u>Jeremy Mitt</u> | | Name: <u>Jeremy Mitt - Beachside Carpentry & Design</u> | |
| Daytime: <u>→</u> | Mobile: <u>021-055-3625</u> | Daytime: <u>→</u> | Mobile: <u>021-055-3625</u> |
| Registration or LBP Registration No: | | Registration or LBP Registration No: <u>NZBN: 9429047636163 / LBP 136244</u> | |
| 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 Kaitia Service Centre.

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

Kaikohe Service Centre

Memorial Avenue
KAIKOHE

Kaitia Service Centre (Te Ahu)

Cn Church & South Roads
KAITIA

Kaero Service Centre

Main Road
KAEQ

John Butler Centre

60 Kerikeri Road
KERIKERI

Kawakawa Service Centre

Gillies Avenue
KAWAKAWA

Rawene Service Centre

Pamell Street
RAWENE