

Aldan Lodge

0 8 2 0 3 0



APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT

ISO9001:2000

DOCUMENT NUMBER:
BAF0002-CI931

S33 AND S45, BUILDING ACT 2004
FORM 2



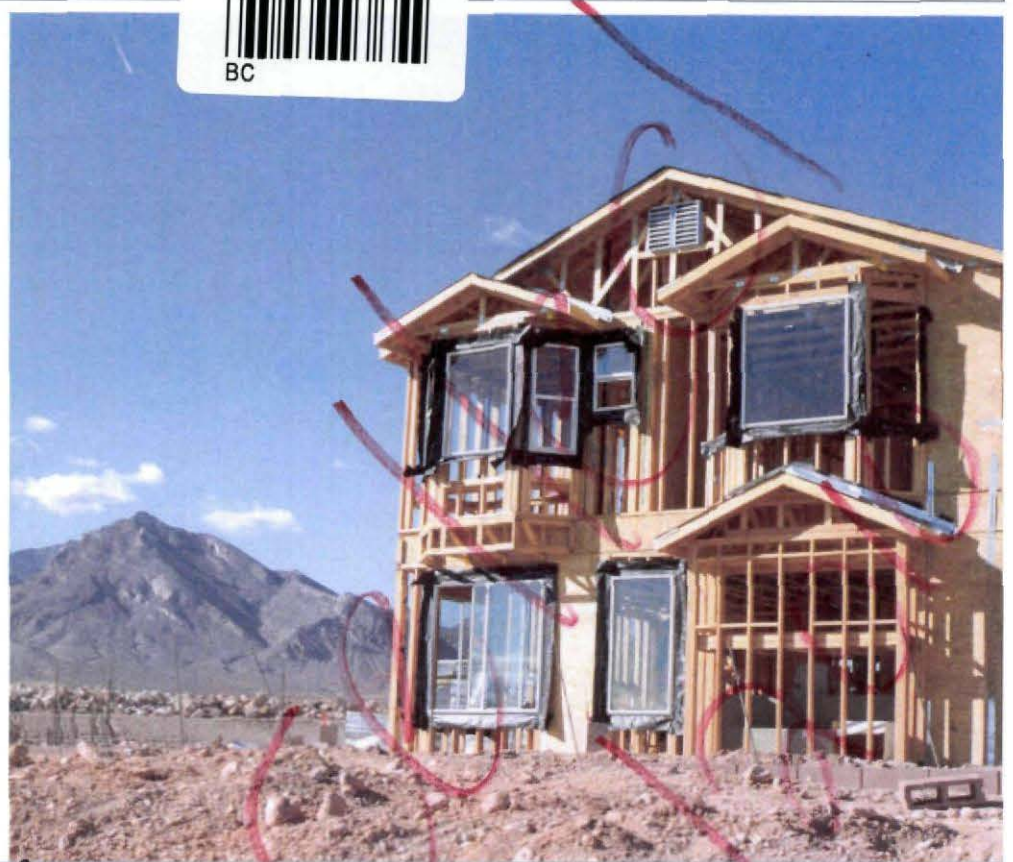
OFFICE USE

Date Received Stamp

RECEIVED
19 DEC 2008

Property Number
527735

Receipt Number
1409906



\$150 - Pim
150 - GL Code - BC fees.

THIS FORM CAN BE USED TO APPLY FOR ANY OF THE FOLLOWING:

- (A) PROJECT INFORMATION MEMORANDUM
- (B) BUILDING CONSENT
- PROJECT INFORMATION MEMORANDUM AND BUILDING CONSENT

Complete the form in full and lodge with completed application checklists

Complete the last page only if the building has or will have a Compliance Schedule.
Lodge the application at the Blenheim office or mail with the Project Information Memorandum fee to the Blenheim office.
Mailed applications that are incomplete or do not include the PIM fees will be returned to the applicant.

MARLBOROUGH DISTRICT COUNCIL

BLENHEIM
Seymour Street
PO Box 443
Blenheim 7240
Ph: (03) 520 7400/Fax: (03) 520 7496
Email: mdc@marlborough.govt.nz

PICTON
67 High Street
Picton 7220
Ph: (03) 520 3200 Fax: (03) 520 3203
website: www.marlborough.govt.nz

APPLICATION CHECKLISTS

Your application must include a fully completed application checklist. Provide at least one of the following:

BAC0002.1	Residential work
BAC0002.5	Commercial/industrial work
BAC0002.4	Garages, sheds and carports
BAC0002.11	Building relocated to a new site
BAC0002.3	Jetties and jetties with boat sheds
BAC0002.12	Demolition or removal of building

OTHER BUILDING CONSENT APPLICATION FORMS

There are separate Building Consent application forms and checklists for:

- Solid fuel heaters and log fires
- Wind machines
- Plumbing, drainage and solar water heating
- Amendment to existing building consent
- Temporary buildings & marquees

FEES

PROJECT MEMORANDUM FEES

Fees for the Project Information Memorandum are payable when the application is lodged. The fees are:

Standard Project Information Memorandum—\$300 ~~\$150~~ ~~200~~.

Minor Works and Intermediate Project Information Memorandum — to be determined at application.

BUILDING CONSENT FEES AND GOVERNMENT LEVIES

Fees for the Building Consent are additional to the Project Information Memorandum fee.

Building Consent fees are set in accordance with the standard Marlborough District Council fees.

Building Consent fees will be invoiced at the time the Building Consent issued. All PIM and Building fees and charges are listed in full on the Council website.

Website: www.marlborough.govt.nz

PLANS

Good plans are required. Plans and specifications must accurately describe and show the proposed building work. They must show sufficient information so that the Council can determine exactly how the building is to be constructed and what materials are to be used. Plans should clearly show how compliance with the NZ Building Code is achieved and how compliance with the Council Resource Management Plans are met.

All components of the building should be covered.

The preparation of plans is a skilled job and unless you know the NZ Building Code and how to draw plans then we recommend that you seek the services of a trained professional.

FEEPAYER

Where an agent is acting on behalf of the owner, then the agent will be the first point of contact for all communications regarding the application and construction of the project. The agent will also be sent the invoice for the charges for the consent. In the event that another person is to be the fee payer then include a letter with the application from the fee payer agreeing to accept the charges. This must be signed by the fee payer.

APPLICATION FOR A BUILDING CONSENT AND/OR PROJECT INFORMATION MEMORANDUM

Application

I request that you issue a Project Information Memorandum Building Consent only for existing PIM number
 Building Consent (including Project Information Memorandum).

The Building [Project Location]

Street address of building:

Wellington Street
 Pictou

Legal description of land where building is located:

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

Lot 2 of DP 4295, Lot 2 of DP 4450
 Lot 2 of DP 5159

Building Name: [if applicable]

Alden Lodge Motels.

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

Centrally.

Number of Levels: [include ground level and any levels below ground]

2 Storey

Level/Unit Number: [if applicable]

Ground floor

Area:

Existing floor area: _____

New floor area: _____

Total floor area: _____

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

Motels

Year first constructed: [insert year, approximate date is acceptable eg c1920s or 1960-1970]

Unknown.

The Project

Description of the building work: [provide sufficient description of building work to enable scope of work to be fully understood]

Internal alterations to office.
 New support to west side of main building.

Will the building work result in a change of use of the building?

Yes No

If yes, provide details of the new use:

Intended life of the building if less than 50 years:

years

Maximum number of people the building is designed for [do not complete this section for domestic work]

Estimated value of the building work (including goods and services tax): [state estimated value as defined in section 7 of the Building Act 2004]

\$ 9780.00

List building consents previously issued for this project (if any): [List who issued the consent, the date of issue and the consent number]

Does the building or site have any cultural heritage significance, or is it a marae? Yes No

The Owner

[Must be completed for all applications and all details must be the owners]

Name of Owner/Applicant: [include preferred form of title, eg Mr, Miss, Dr if an individual and the contact person's name if a company, trust or similar]Doug McDonald owner of Aldan Lodge Limited**Owner's mailing address:**86 Wellington Street
Winton**Street address/Registered Office:****Owner's contact details:**Telephone number: 5736833

Mobile: _____

Facsimile number: _____

After hours: _____

Email: _____

Proof of ownership: [always provide two copies of the Certificate of Title plus other documents if they apply] Two copies of certificate of title, no more than 3 months old [Must be provided] Lease Agreement for sale and purchase**Agent**

[only required if application is being made on behalf of the owner]

Name of agent: [include the contact person's name if a company, trust or similar] – Note: 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. If the agent is not to be the fee payer then attach a letter from the fee payer which states that they will pay the fees. This letter must be signed by the fee payer.**Agent's mailing address:****Street address/Registered Office:****Agent's contact details:**

Telephone number: _____

Mobile: _____

Facsimile number: _____

After hours: _____

Email: _____

Information collected with this application is legally public information and will be released to any person on request. The applicant must be the owner of the land on which the building work is to take place or a person who has agreed, by formal Sale and Purchase Agreement to purchase the land, or any leasehold estate, or to take a lease of the land, while the agreement remains in force.

Council will charge interest on overdue invoices at 15% per annum from the date of issue to the date of payment. In the event of non payment the applicant and/or the agent will be liable for all legal and other costs of recovery. Request for inspection may be refused if all fees are not paid.

I certify that the information provided in this application is correct and I accept the above terms and conditions.

Signature: [Signature]Applicant/~~Agent~~ [Delete one]Name of Person Signing: DOUG MC DONALDDate: 17/12/08(owner)

Contacts*[Provide all details where relevant]***Designer/Architect:**

Business/name: **Graeme J. Savage**
Architectural Designer
10 High St P.O. Box 413
 Address: **Blenheim**
 Daytime: **5782769** Mobile: **0274353 466**
 After Hours: _____ Facsimile: _____
 Registration/qualification: **ADN2**

Chartered Professional Engineer:

Contact/name: _____
 Address: _____
 Daytime: _____ Mobile: _____
 After Hours: _____ Facsimile: _____
 CP Eng Number: _____ Practice College: _____

Waste Water System Designer:

Business/name: _____
 Address: _____
 Daytime: _____ Mobile: _____
 After Hours: _____ Facsimile: _____
 Registration/Qualification: _____

Plumber:

Business/name: _____
 Address: _____
 Daytime: _____ Mobile: _____
 After Hours: _____ Facsimile: _____
 Registration/Number: _____

Builder:

Business/name: **Self, Owner**
 Address: _____
 Daytime: _____ Mobile: _____
 After Hours: _____ Facsimile: _____
 Registration/Number: _____

Drainlayer:

Business/name: _____
 Address: _____
 Daytime: _____ Mobile: _____
 After Hours: _____ Facsimile: _____
 Licence number: _____

Project Information Memorandum*[For project information memorandum only – Do not complete this section if a Project Information Memorandum has already been issued for the project]***The following matters are involved in the project: [tick boxes applicable]**

- Subdivision
- Alterations to land contours
- New or altered connections to public utilities
- New or altered locations and/or external dimensions of buildings
- New or altered access for vehicles
- Building work over or adjacent to any road or public place
- Disposal of stormwater and wastewater
- Building work over any existing drains or sewers or in close proximity to wells or water mains
- Other matters known to the applicant that may require authorisations from the territorial authority

_____ *[specify]***Building Consent***[Do not complete this section if this is an application for a project information memorandum only]***The following plans and specifications are attached to this application: [tick boxes applicable]**

- Specifications
- Calculations
- Plans
- Producer Statement
- Other _____ *please specify*

[All plans and specifications must meet the minimum requirements set out in the application checklist.]

The building work will comply with the Building Code as follows:		
Clause (tick relevant clause numbers of building code)	Means of compliance (refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications)	Proposed inspections. Producer Statement or certification may also be required.
<input type="checkbox"/> B1 Structure	<input checked="" type="checkbox"/> B1/AS1 <input type="checkbox"/> B1/AS2 <input type="checkbox"/> B1/AS3 <input checked="" type="checkbox"/> NZS3604 <input type="checkbox"/> NZS4203 <input type="checkbox"/> NZS4229 <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> B2 Durability	<input checked="" type="checkbox"/> B2/AS1 <input type="checkbox"/> NZS3101 <input type="checkbox"/> NZS3602 <input checked="" type="checkbox"/> NZS3604 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> C1 Outbreak of fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> C2 Means of escape	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> C3 Spread of fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> C4 Structural stability during fire	<input type="checkbox"/> C/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> D1 Access routes	<input checked="" type="checkbox"/> D1/AS1 <input checked="" type="checkbox"/> NZS4121 <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> D2 Mechanical installations for access	<input type="checkbox"/> D2/AS1 <input type="checkbox"/> D2/AS2 <input type="checkbox"/> D2/AS3 <input type="checkbox"/> NZS4332 <input type="checkbox"/> EN81 <input type="checkbox"/> EN115 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> E1 Surface water	<input type="checkbox"/> E1/AS1 <input type="checkbox"/> AS/NZS3500.3 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> E2 External moisture	<input checked="" type="checkbox"/> E2/AS1 <input type="checkbox"/> Specific design & testing <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> E3 Internal moisture	<input checked="" type="checkbox"/> E3/AS1 <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> F1 Hazardous agents on site	<input type="checkbox"/> F1/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> F2 Hazardous building materials	<input type="checkbox"/> F2/AS1 <input type="checkbox"/> NZS4223 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> F3 Hazardous substances and processes	<input type="checkbox"/> F3/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> F4 Safety from falling	<input type="checkbox"/> F4/AS1 <input type="checkbox"/> FSP Act <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> F5 Construction and demolition hazards	<input type="checkbox"/> F5/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> F6 Visibility in Escape Routes	<input checked="" type="checkbox"/> F6/AS1 <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> F7 Warning systems	<input type="checkbox"/> F7/AS1 <input type="checkbox"/> NZS4512 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> F8 Signs	<input type="checkbox"/> F8/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> G1 Personal hygiene	<input type="checkbox"/> G1/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> G2 Laundering	<input type="checkbox"/> G2/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> G3 Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> G4 Ventilation	<input checked="" type="checkbox"/> G4/AS1 <input type="checkbox"/> AS1668.2 <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> G5 Interior environment	<input type="checkbox"/> G5/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> G6 Airborne and impact sound	<input type="checkbox"/> G6/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> G7 Natural light	<input checked="" type="checkbox"/> G7/AS1 <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> G8 Artificial light	<input checked="" type="checkbox"/> G8/AS1 <input type="checkbox"/> NZS6703 <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> G9 Electricity	<input checked="" type="checkbox"/> G9/AS1 Solution <input type="checkbox"/> Alternative	By certification only
<input type="checkbox"/> G10 Piped services	<input type="checkbox"/> G10/AS1 <input type="checkbox"/> NZS5261 <input type="checkbox"/> Alternative Solution	By certification only
<input type="checkbox"/> G11 Gas as an energy source	<input type="checkbox"/> G11/AS1 <input type="checkbox"/> Alternative Solution	By certification only
<input type="checkbox"/> G12 Water supplies	<input type="checkbox"/> G12/AS1 <input type="checkbox"/> AS/NZS3500.1 <input type="checkbox"/> AS/NZS3500.4	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> G13 Foul water	<input checked="" type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS2 <input type="checkbox"/> AS/NZS3500.2 <input type="checkbox"/> Alternative Solution	<input checked="" type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> G14 Industrial liquid waste	<input type="checkbox"/> G14/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> G15 Solid waste	<input type="checkbox"/> G15/AS1 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)
<input checked="" type="checkbox"/> H1 Energy efficiency	<input type="checkbox"/> H1/AS1 <input type="checkbox"/> NZS4218 <input type="checkbox"/> NZS4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> NZS4214 <input type="checkbox"/> Alternative Solution	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ (specify)

Waiver/modification to NZ Building Code required for following parts of Code:

COMPLIANCE SCHEDULE

Complete this section if the building will have a compliance schedule or already has one.

		Existin g	New	Altered	Removed
SS01B	Fire Sprinkler System				
SS02A	Manual fire alarm (Call Points)	✓			
SS02B	Automatic Fire Alarm (Smoke Detection)				
SS02C	Automatic Fire Alarm (Heat Detection)				
SS02D	Voice Communication Systems for Fire Evacuation				
SS02E	Hazardous Substance Warning System				
SS02F	Gas Flooding Fire Suppression Warning System				
SS03A	Electromagnetic Held-open Type Released on Fire Alarm (Fire/Smoke Control Doors)				
SS03B	Automatic Sliding Doors				
SS03C	Self-closing Fire/Smoke Control Doors				
SS03D	Controlled Access Doors				
SS04A	Lighting for Safe Path to Facilitate Evacuation				
SS04B	Lighting for Identification of Exitways				
SS05A	Corridor Pressurisation System				
SS05B	Stairwell Pressurisation System				
SS06A	Dry Riser				
SS06B	Charged Riser				
SS07	Backflow Preventers	✓			
SS08A	Passenger Carrying Lifts				
SS08B	Service Lift				
SS08C	Escalators and Moving Walkways				
SS08D	Other (eg Dumb-waiter or Wheelchair Lift)				
SS09A	Ventilation Systems - Cooling Towers				
SS09B	Ventilation Systems - Lift Shaft Ventilation				
SS09C	Ventilation Systems - Parking/Garage Extraction				
SS09D	Ventilation Systems - Kitchen/Bathroom/Laundry				
SS09E	Ventilation Systems - Dust/Fume/Hazardous Atmospheric Extract Systems				
SS09F	Ventilation Systems - Gas Systems				
SS10A	Suspended Access Equipment				
SS10B	Travelling ladders and Gantries				
SS11	Laboratory Fume Cupboards / Ducted Extract Systems				
SS12	Audio Loops / FM Radio Frequency / Infrared Beam Systems				
SS13A	Smoke Control Systems - System Shutdown				
SS13B	Smoke Control Systems - Purge Systems				
SS13C	Smoke Control Systems - Extract Systems				
SS13D	Smoke Control Systems - Zone Pressurisation				
SS13E	Smoke Control Systems - Fire-isolated Exit Pressurisation				
SS13F	Smoke Control Systems - Lift-shaft Pressurisation				
SS13G	Smoke Control Systems - Automatic Smoke				
SS14A	Emergency Power Supply				
SS14B	Uninterruptible Power Supply				
SS14C	Signs for Systems				
SS15A	Fusible Link Type Roller or Slider Door				
SS15B	Fire Separation				
SS15C	Smoke Separation				

SS15D	Final Exits	✓			
SS15E	Such signs as are required by the Building Act S120				
SS16	Safety Barriers	✓			
SS17	Means of Access and Facilities for use by persons with disabilities which meet the requirements of S118 of the Building Act	✓			
SS18	Handheld hose reels for fighting	✓			
SS19	Cable cars (after 31 March 2008)				

Address where compliance schedule will be held:

<hr/> <hr/>
