Warrant of fitness

Form 12 - Section 108, Building Act 2004

The building

Compliance Schedule no: WOF/2020/3472
Annual expiry date: 1 MARCH 2027

Street address of building: **All units at 33 Foremans Road, Islington, Christchurch**
Legal description of land where building is located: **Unit 1 to Unit 8 DP 379336 on Lot 3 DP 354365 having share in 5090 m2**
Building name *(if applicable)*:
Location of building within site/block number *(if applicable)*:
Level/unit number *(if applicable)*: **Single**
Current, lawfully established, use *(include number of occupants per level and per use if more than 1)*: **Industrial: Workshop**
Year first constructed *(insert year or approximate date)*:
Purpose Group: **Working Low, Working Medium**
Intended life of the building if 50 years or less *(if applicable)*:
Highest fire hazard category for building use *(state number)*:

The owner

Name of owner: **Body Corporate (379336)**
Contact person *(not required if the owner is an individual)*: **Gillian Gartly**
Mailing address: **PO Box 37300, Halswell, Christchurch 8245**
Street address/registered office:
Phone number: Landline: Mobile: **021 077 0332** Daytime: After hours:
Facsimile number:
Email address: **gillian.g@actrix.co.nz**
Website:

Agent *(only required if warrant is being supplied on behalf of the owner)*

Name of agent:
Contact person *(not required if the agent is an individual)*:
Mailing address:
Phone number: Daytime: After hours:
Facsimile number:
Email address:
Relationship to owner *(state details of the authorisation from the owner to supply the warrant on the owner's behalf)*:

Warrant

The maximum number of occupants that can safely use this building is: 5 each unit

The inspection, maintenance, and reporting procedures of the compliance schedule for the above building have been fully complied with during the 12 months prior to the date stated below.

The compliance schedule is kept at:

Attachments

☑ Certificates relating to inspections, maintenance, and reporting *(if applicable)*
☐ Recommendations for amendments to the compliance schedule *(if applicable)*

Signature: G Gartly
(of owner/agent on behalf of and with the authority of the owner)

Date: 12 January 2026

Once signed this becomes the Warrant of Fitness for the building. One copy is to be displayed in the building and the original (with the Form 12A) to be sent to the Building Consenting Unit, Christchurch City Council, PO Box 73013, Christchurch 8154 or via email buildingwof@ccc.govt.nz.

AHI Carrier (NZ) Ltd

A Carrier Joint Venture Company

Branch Office :
23 Iversen Terrace
P.O. Box 19 926
Christchurch
Ph: +64 03 550 0720 | Fax: +64 03 389 6319

Form 12A

Certificate of compliance with inspection, maintenance, and reporting procedures
Section 108(3)(c), Building Act 2004

Building Name:	
Street Address of Building:	33 Foremans Road
Compliance Schedule	53965
Legal Description of Land	Lot 3 DP 354365
Level/unit number:	

The owner

Name of owner:	Body Corporate (379336)
Contact person:	
Mailing address:	PO Box 29388, Christchurch 8540
Street address:	
Registered office:	

Compliance

The inspection, maintenance, and reporting procedures for the compliance schedule have been fully complied with during the 12 months prior to the date stated below in relation to the following specified system/s:

07 – AUTOMATIC BACKFLOW PREVENTER

Signature of Independent Qualified Person

Feteleni Havea

Date: 11 · 12 · 2025

Registration No: 782

Head Office 207-211 Station Road, Penrose, Auckland 1061
Private Bag 92128 Victoria St West Auckland 1142
Ph: +64 9 355 6720 | Fax: +64 9 355 6735
www.ahi-carrier.co.nz

CUSTOMER SERVICE FREECALL - 0800 800214 | CUSTOMER SERVICE FREEFAX - 0800 800217
SPARE PARTS FREECALL - 0800 800218 | SPARE PARTS FAX- 09 355 6738
GENERAL FREECALL - 0800 AIRCON

☐ Dunedin

Relevant Standards: AS/NZ 2845.1;1998

☐ Christchurch

0800 AIRCON

☐ DBL Check Valve ☑ RPZD ☐ AIR GAP ☐ AVB ☐ PVB

Owner:

Building Details:

Building name:	BODY CORPORATE		Name:	
Block/level/unit no	32 FOREMANS RD		Contact Person:	
Street address	ISLINGTON		Address:	
Suburb:	CHCH	8042		
Compliance Schedule No			Phone Number:	
Water meter no				
Occupier:				
Business Name			Type of Business	
Contact Person			Phone Number:	

Device Details:

Protection:	☐ Individual Source		☐ Zone	☑ Boundary
Location:	FRONT BUSH MAIN ENTRANCE			
Manufacturer:	WATTS		Serial Number:	
Model:	009QT-AUS		Normal Size:	40 MM mm
Installation Correct:	☐ Yes	☐ No	Strainer Installed:	* ☑ Yes ☐ No
Comments on Installation				

Test Details:

Test Kit serial No:	23/225042400S		Calibration Date:	27 · 8 · 2025		
	1st Check Valve		2nd Check Valve		Downstream Isolating Valve	
Initial Test:	* Tight	* Leaked	* Tight	* Leaked	* Tight	* Leaked
Pressure Reading:		52 kPa		10 kPa		18 kPa
Test After Repairs:	* Tight	* Leaked	* Tight	* Leaked	* Tight	* Leaked
Pressure Reading:		kPa		kPa		kPa
	Opened	Did Not Open	Opened	Did Not Open	☐	☐ PVB
		kPa		kPa		

	Poppet closed when pressure increased		Poppet opened when pressure decreased	
Initial Test:	☐ Yes	☐ No	☐ Yes	☐ No
Test after repairs:	☐ Yes	☐ No	☐ Yes	☐ No

Supply Pipe Diameter:				
Air Gap Unobstructed		mm	Required Air Gap:	mm
Overflow type: Air	☐ Yes	☐ No	Measured Air Gap:	mm
Gap Determined:	☐ 1 ☐ 2 ☐ 3			
	☐ By observation of spill		☐ By Calculation	

☐ Pass/Compliant	☐ Fail/Non-Compliant	Test Method:

Tester Details:

Name of Tester:	F HAREA	Company Name:	AHI CAREER
IQP No:	752	Company Address:	23 LARKIN RD
Signature:			WALTHAM
Date of Test	10 · 12 · 2025		CHC

Comments:

NOTE: This test report only constitutes an assessment of existing devices and does not mean ALL cross connections on the site have been addressed. Neither does it mean the existing devices are appropriate for the hazard. This must be addressed by an IQP (Survey). Cross connections are a major PUBLIC HEALTH RISK and are the owner's responsibility to ensure they are addressed.

* required entry