


# Application for Code Compliance Certificate

Form 6

ISO9001  
Document Number:  
BAF0002.13-CI1314

## SECTION 92, BUILDING ACT 2004

<b>OFFICE USE</b>	
Date Received Stamp	Property Number
	<input type="text"/>
	E <input type="text"/> N <input type="text"/>
	PIM Receipt Number
	<input type="text"/>

### The Building Consent

Building Consent Number: <u>BC 021575</u>	Issued by: Marlborough District Council
Property Reference Number: _____	PO Box 443, Blenheim 7240
	Phone: (03) 520 7400
	Fax: (03) 520 7496
	Email: mdc@marlborough.govt.nz

### The Owner

Full Name of Owner(s): <u>JOHN DOUGLAS MC DONALD</u> <u>HEATHER HOU MC DONALD</u>
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Mailing Address: <u>86 WELLINGTON ST</u> <u>PICTON</u>
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Street Address/Registered Office: <u>86 WELLINGTON ST</u> <u>PICTON</u>
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<b>Contact Details:</b>	
Telephone number: <u>035736833</u>	Mobile: <u>024545164</u>
Facsimile number: <u>5736091</u>	After Hours: <u>Same</u>
Email Address: <u>aldanlodge@xtra.co.nz</u>	
Contact Person: <u>Doug</u>	

aldanlodge@xtra.co.nz

The Agent (only required if application is being made on behalf of the owner)

Full Name of Agent(s):

Mailing Address:

Street Address/Registered Office:

Contact Details: Telephone number, Mobile, Facsimile number, After Hours, Email Address

Application

- (1) All building work to be carried out under the above consent was completed on: 20/1/2006
(2) The licensed building practitioner(s) who carried out or supervised the restricted building work is/are as follows:

Table with 4 columns: Name, Licensed Class, Licensed Building Practitioner Number, Particular Work Carried Out or Supervised

The personnel who carried out building work other than restricted building work are as follows: [List names, addresses, telephone numbers and licence or registration numbers (where relevant and if not provided above) of all licensed building practitioners and plumbers, gasfitters and drainlayers]

Empty box for listing personnel who carried out building work other than restricted building work.

Note: continue on another page if necessary

- (3) The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standard set out in the building consent:

[X] There are no specified systems in the building

- SS01(i) Fire Sprinkler System
SS01(ii) Gas Flooding Fire Suppression
SS02(i) Manual Fire Alarm (call points)
SS02(ii) Automatic Fire Alarm (heat detection)
SS02(iii) Automatic Fire Alarm (smoke detection)

**BC021575**

SS02(iv)	Hazardous Substance Warning System	<input type="checkbox"/>
SS03/1	Automatic Doors	<input type="checkbox"/>
SS03/2	Access Controlled Doors	<input type="checkbox"/>
SS03/3	Interfaced Fire or Smoke Doors or Windows	<input type="checkbox"/>
SS04(i)	Lighting for Safe Path to Facilitate Evacuation	<input type="checkbox"/>
SS04(ii)	Lighting for Identification of Exit Ways	<input type="checkbox"/>
SS05(i)	Corridor Pressurisation System	<input type="checkbox"/>
SS05(ii)	Stairwell Pressurisation System	<input type="checkbox"/>
SS06(i)	Dry Riser	<input type="checkbox"/>
SS06(ii)	Charged Riser	<input type="checkbox"/>
SS07	Backflow Preventers	<input type="checkbox"/>
SS08/1	Passenger Carrying Lifts	<input type="checkbox"/>
SS08/2	Service Lift including Dumb Waiters	<input type="checkbox"/>
SS08/3	Escalators and Moving Walkways	<input type="checkbox"/>
SS09	Mechanical Ventilation and Air Conditioning Systems	<input type="checkbox"/>
SS10	Building Maintenance Units	<input type="checkbox"/>
SS11	Laboratory Fume Cupboards	<input type="checkbox"/>
SS12/1	Audio Loops	<input type="checkbox"/>
SS12/2	FM Radio Frequency Systems and Infrared Beam System	<input type="checkbox"/>
SS13/1	Mechanical Smoke Control	<input type="checkbox"/>
SS13/2	Natural Smoke Control	<input type="checkbox"/>
SS13/3	Smoke Curtains	<input type="checkbox"/>
SS14/1	Emergency Power Supply	<input type="checkbox"/>
SS14/2	Signs for Systems	<input type="checkbox"/>
SS16	Cable Cars	<input type="checkbox"/>

**Systems below included only if compliance schedule contains one or more of the specified systems 1-6, 9 and 13**

SS15/1	Systems for Communicating Spoken Information Intended to Facilitate Evacuation	<input type="checkbox"/>
SS15/2	Final Exits	<input type="checkbox"/>
SS15/3	Fire Separations	<input type="checkbox"/>
SS15/4	Signs for Communicating Information Intended to Facilitate Evacuation	<input type="checkbox"/>
SS15/5	Smoke Separation	<input type="checkbox"/>

(4) I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004.

The code compliance certificate should be sent to: *[tick applicable option]*

Owner

Agent

I certify that the information provided in this application is correct.

Name of person certifying correctness: \* JEAN DOUGLAS McDONALD Date: \* 7-11-16

*[tick one]*

Owner

Agent acting on behalf of the owner and with the authority of the owner

**Attachments**

The following documents are attached to this application *[tick applicable option(s)]*

- Memoranda (records of building work) from licensed building practitioners stating what restricted building work they carried out or supervised
- Certificates or other documents from the personnel who carried out the work
- Certificates that relate to the energy work
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent

**If you have any queries regarding completion of this form please contact us on telephone (03) 520 7400 or fax (03) 520 7496.**