



**APPLICATION**  
**FOR COMPLIANCE SCHEDULE**  
*Section 100 Building Act 2004*

VALUATION REFERENCE:  
BUILDING CONSENT:

<b>THE BUILDING</b>
Street Address of building:
Legal Description of land where building is located:
Building name:
Current, lawfully established use:
Highest fire hazard category for building use:

<b>THE OWNER</b>
Name of owner:
*Contact person:
Mailing address:
Phone number: Landline: Mobile: Daytime: After hours:
Facsimile number:
Email address:
Website:

<b>II THE AGENT</b> <i>(only required if application is being made on behalf of the owner)</i>
Name of agent:
∞ Contact person:
Mailing address:
Phone number: Landline: Mobile: Daytime: After hours:
Facsimile number:
Email address:
Website:
Relationship with Owner <i>(state details of authorisation from owner to make the application on the owner's behalf):</i>

<b>Ω First Point of Contact for Communications with the Building Consent Authority:</b>
Name:
Mailing address:
Street address / registered office:
Phone number: Landline: Mobile: Daytime: After hours:
Facsimile number:
Email address:



# APPLICATION

## FOR COMPLIANCE SCHEDULE

*Section 100 Building Act 2004*

**Complete these only if the building contains one or more of the systems listed below:**

SS1 Automated Sprinkler Systems	SS11 Laboratory Fume Cupboards
SS2 Emergency Warning Systems	SS12 Audio Loops or other Assistive Listening Systems
SS3 Automatic Fire Doors	SS13 Smoke Control Systems
SS4 Emergency Lighting Systems	SS14 Emergency Power Systems for, or Signs Relating to, a System of Feature Specified in any of Clauses 1-13
SS5 Escape Route Pressurisation Systems	SS15/1 Systems for Communicating Spoken Information intended to facilitate Evacuation
SS6 Riser Mains	SS15/2 Final Exits
SS7 Automatic Backflow Preventors	SS15/3 Fire Separations
SS8/1 Passenger Carrying Lifts, Escalators, Travelators	SS15/4 Signs for Communicating Information Intended to Facilitate Evacuation
SS8/2 Service Lifts	SS15/5 Smoke Separations
SS8/3 Escalators, Travelators	
SS9 Mechanical Ventilation	
SS9 Air Conditioning Systems	
SS10 Building Maintenance Units	

Signature of <sup>^</sup>Owner / <sup>^</sup>Agent on Behalf of, and with the Authority of the Owner

.....

Date: .....

- \*Delete if the owner is an individual
- ∏ Delete this section if the application is not being made on behalf of the owner
- ∅ Delete if the agent is an individual
- Ω Contact details must be in New Zealand
- ^ Delete if inapplicable

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**OFFICE USE ONLY**

**APPLICATION FEE:** \$200.00      **RECEIPT NO:** \_\_\_\_\_      **DATE PAID:** \_\_\_\_\_

**NEW COMPLIANCE SCHEDULE NO:** \_\_\_\_\_ (from CS Register)

ODC Building Consent Authority	Responsibility: BCA Manager	Reviewed : June 2011	Section 8 : Appendix F8.3.56 Ozone Form : A03 Application for Compliance Schedule
Version 4	Approved By: ODC BCA	Next Review : June 2012	Page 2 of 2