



# APPLICATION FOR CERTIFICATE OF ACCEPTANCE

*Section 97, Building Act 2004*

<b>Office Use:</b>	Received by: _____	Date Received: _____	COA Number: _____
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The Building	
<b>Street Address:</b> _____ _____ _____ <b>Building Name:</b> _____ <b>Number of levels:</b> _____ <b>Area affected m<sup>2</sup>:</b> _____ <b>Year 1<sup>st</sup> constructed:</b> _____	<b>Legal Description:</b> Lot: _____ DP: _____ Sec: _____ Blk: _____ Valuation No: _____ <b>Location within block:</b> _____ <b>Level / Unit No:</b> _____ <b>Current, lawfully established use:</b> _____ _____

The Owner	Contact
<i>Only complete if you are making the application on behalf of the Owner.</i>	
<b>Owners Name:</b> _____ <b>Postal Address:</b> _____ _____ <b>Street Address/ Registered Office:</b> _____ <b>Contact Person:</b> _____ <b>Landline:</b> _____ <b>Daytime:</b> _____ <b>After Hours:</b> _____ <b>Mobile:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____ <b>Website:</b> _____	<b>Contacts Name:</b> _____ <b>Postal Address:</b> _____ _____ <b>Street Address/ Registered Office:</b> _____ <b>Contact Person:</b> _____ <b>Landline:</b> _____ <b>Daytime:</b> _____ <b>After Hours:</b> _____ <b>Mobile:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____ <b>Website:</b> _____
<b>Contacts relationship with owner:</b> <i>Provide details</i> _____	
<input type="checkbox"/> Details of authorisation from owner to make application on behalf of the owner attached.	

First Point of Contact for communications with Council:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contact
<b>First Point of Contact for communications with Council:</b> <i>If different to the Owner &amp; Contact details above</i>		
<b>Contacts Name:</b> _____ <b>Postal Address:</b> _____ _____ <b>Landline:</b> _____ <b>Daytime:</b> _____	<b>After Hours:</b> _____ <b>Mobile:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____	_____ _____ _____

The following evidence of ownership is attached to this application showing full name of legal owner(s) of the building:	
<input type="checkbox"/> Copy of certificate of title	<input type="checkbox"/> Agreement for sale and purchase
<input type="checkbox"/> Lease	<input type="checkbox"/> Other ( <i>specify</i> ) _____

**I request that you issue a Certificate of Acceptance (COA) for the building work described in this application.**

<b>Signature of owner/agent</b> <i>on behalf of and with the authority of the owner (delete one)</i>	<b>Name of Person Signing</b>	<b>Date</b>
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<b>Building Work:</b>	
Description of building work: _____ _____	Date the building work was carried out: (DD/MM/YY) _____
Intended life of the building if under 50 years: _____ years	List building consents previously issued for this project (if any): _____
Did the building work result in a <b>Change of Use</b> of the building? <input type="checkbox"/> <b>Yes</b> – provide details of new use: _____ <input type="checkbox"/> <b>No</b>	Estimated value of the building work, including GST: <i>State estimated value as defined in Section 7 of the Building Act 2004</i> _____

<b>The personnel who carried out building work are as follows:</b>			
Name	Area of Work	Registration Number <i>**For example Certifying Plumber, Drainlayer, Registered Electrician, etc.</i>	Address

<b>The following plans &amp; specifications are attached to this application:</b>
List the plans & specifications attached to your application: _____ _____

<b>Reasons why a Certificate of Acceptance is required:</b> <i>Please tick the option that applies to you &amp; add notes as requested</i>		
<input type="checkbox"/> The owner, or the owner's predecessor in title, carried out the building work for which a building consent was required, but a building consent was not obtained because: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: <i>(select one of the following)</i>  <input type="checkbox"/> (a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: _____ _____  <input type="checkbox"/> (b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows: _____ _____ _____ _____ _____	<input type="checkbox"/> The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: <i>(state the details of the name of the building consent authority and building consent granted)</i> _____ _____ _____ _____ _____ _____ _____ _____ _____

Compliance Schedule:							
<input type="checkbox"/> There are no specified systems in this building.							
<input type="checkbox"/> The specified systems for the building are as follows: <i>Tick the boxes that are applicable in the below table.</i>							
Systems in the building	Altered/ added to/ removed in the course of the building work	No.	System Name	Systems in the building	Altered/ added to/ removed in the course of the building work	No.	System Name
<input type="checkbox"/>	<input type="checkbox"/>	SS 1	Automatic Systems for Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	SS 10	Building Maintenance Units
<input type="checkbox"/>	<input type="checkbox"/>	SS 2	Emergency Warning Systems	<input type="checkbox"/>	<input type="checkbox"/>	SS 11	Laboratory Fume Cupboards
<input type="checkbox"/>	<input type="checkbox"/>	SS 3.1	Automatic Doors & Windows	<input type="checkbox"/>	<input type="checkbox"/>	SS 12.1	Audio Loops
<input type="checkbox"/>	<input type="checkbox"/>	SS 3.2	Access Controlled Doors	<input type="checkbox"/>	<input type="checkbox"/>	SS 12.2	FM Radio Frequency Systems
<input type="checkbox"/>	<input type="checkbox"/>	SS 3.3	Interfaced Fire / Smoke Doors / Windows	<input type="checkbox"/>	<input type="checkbox"/>	SS 13	Mechanical Smoke Control
<input type="checkbox"/>	<input type="checkbox"/>	SS 4	Emergency Lighting Systems	<input type="checkbox"/>	<input type="checkbox"/>	SS 14.1	Emergency Power Systems for SS 1 – 13
<input type="checkbox"/>	<input type="checkbox"/>	SS 5	Escape Route Pressurisation Systems	<input type="checkbox"/>	<input type="checkbox"/>	SS 14.2	Signs for SS 1 – 13
<input type="checkbox"/>	<input type="checkbox"/>	SS 6	Riser Mains	<input type="checkbox"/>	<input type="checkbox"/>	SS 15.1	Systems for Communicating Evacuation
<input type="checkbox"/>	<input type="checkbox"/>	SS 7	Auto Backflow Preventers	<input type="checkbox"/>	<input type="checkbox"/>	SS 15.2	Final Exits
<input type="checkbox"/>	<input type="checkbox"/>	SS 8.1	Passenger Carrying Lifts	<input type="checkbox"/>	<input type="checkbox"/>	SS 15.3	Fire Separations
<input type="checkbox"/>	<input type="checkbox"/>	SS 8.2	Service Lifts	<input type="checkbox"/>	<input type="checkbox"/>	SS 15.4	Signs
<input type="checkbox"/>	<input type="checkbox"/>	SS 8.3	Escalators & Moving Walks	<input type="checkbox"/>	<input type="checkbox"/>	SS 15.5	Smoke Separations
<input type="checkbox"/>	<input type="checkbox"/>	SS 9	Mechanical Vent / Air Con Systems	<input type="checkbox"/>	<input type="checkbox"/>	SS 16	Cable Cars

Attachments – the following are attached to this application:	
<input type="checkbox"/> Project Information Memorandum (PIM)	<input type="checkbox"/> Plans & Specifications
<input type="checkbox"/> Certificates from personal who carried out the building work	<input type="checkbox"/> Energy Works Certificate