



## Building Consent Application Checklist MINOR

<input type="checkbox"/> Fireplace	<input type="checkbox"/> Demolition/Removal	<input type="checkbox"/> Swimming Pools	<input type="checkbox"/> Solar	<input type="checkbox"/> Drainage	<input type="checkbox"/> Wet Area Shower
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**Address** \_\_\_\_\_ **Date Vetted:** \_\_\_\_\_

**How to use this checklist**

Use this checklist when finalising your building drawings plans to assist you to lodge a complete application and to avoid delays in processing. Your application will be accepted based on this checklist to ensure that it has sufficient information to commence processing. All items on this checklist must be circled to show that they are either provided or are not applicable to your project (N/A).

Later additional information may be requested during the processing of your building consent to confirm compliance with the Building Act, Building Code, District/City Plan and any other relevant legislation. Processing time will be suspended until information is received.

Your application will only be accepted if the information in this checklist is provided and the checklist completed.

Customer Use Circle as appropriate		Doc ref./ page #	General Documentation Required	Council Use		
Yes	N/A		Application form completed in full and signed	Yes	No	N/A
Yes	N/A		Lodgement fee (refer to Schedule of Fees and Charges for amount)	Yes	No	N/A
Yes	N/A		Two (2) complete sets of drawings/report/specification/plans and other relevant documents are required	Yes	No	N/A
Yes	N/A		All drawings must meet the minimum requirements of the technical drawings standard AS/NZS1100. Index provided for plans and specifications	Yes	No	N/A
Yes	N/A		All documents including photocopies must be legible	Yes	No	N/A
Yes	N/A		All plans are to be titled and dated (or version number)	Yes	No	N/A
			Legal Documentation Required			
Yes	N/A		Full, current (less than three months old) Certificate of Title	Yes	No	N/A
Yes	N/A		Sale and purchase agreement with settlement date provided (if applicable)	Yes	No	N/A

**Comments – Council Use Only**

<b>Customer Use</b> Circle as appropriate		Doc ref./ page #	<b>Solid Fuel Heaters</b>	<b>Council Use</b>		
<input type="checkbox"/> <b>Section NA</b>				<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Is the proposed appliance 'clean air' approved?	Yes	No	N/A
Yes	N/A		Location of SFH on floor plan of entire home in relation to windows, doors and flammable materials	Yes	No	N/A
Yes	N/A		Make and model provided	Yes	No	N/A
Yes	N/A		Manufacturers specifications provided including hearth information	Yes	No	N/A
Yes	N/A		Cross section through roof including height of flue in relation to roof	Yes	No	N/A
Yes	N/A		Flashing details (roof/wall penetrations)	Yes	No	N/A
Yes	N/A		Location and distance of all smoke alarms	Yes	No	N/A
Yes	N/A		Seismic restraint detailed	Yes	No	N/A
<input type="checkbox"/> <b>Section NA</b>			<b>Wetback Installation</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Location of hot water cylinder and size	Yes	No	N/A
Yes	N/A		Wetback installation diagram/manufacturers installation instructions	Yes	No	N/A
Yes	N/A		Tempering valve information provided	Yes	No	N/A
<input type="checkbox"/> <b>Section NA</b>			<b>Other Solid Fuel Heaters</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Second hand fire producer statement (from an approved recognised expert)	Yes	No	N/A
Yes	N/A		Diesel burner information including isolating tap	Yes	No	N/A
Yes	N/A		Piping layout supplied	Yes	No	N/A

<input type="checkbox"/> <b>Section NA</b>			<b>Plumbing and Drainage</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		All existing SEWERS, sewer connections and sewer drain locations and depth shown including Territorial Authority services	Yes	No	N/A
Yes	N/A		All existing STORMWATER drains and connections shown including Territorial Authority services	Yes	No	N/A
Yes	N/A		Proposed sewer and stormwater drains/soak holes, terminal vents shown	Yes	No	N/A
Yes	N/A		All existing and proposed sanitary fittings including pipe sizes and gradients (isometric)	Yes	No	N/A
Yes	N/A		Standard Regional Council design system or Regional Council approved effluent disposal system	Yes	No	N/A
Yes	N/A		Specifications for hot water heating system (consider seismic restraints)	Yes	No	N/A
Yes	N/A		Stormwater disposal design and calculations	Yes	No	N/A

<input type="checkbox"/> <b>Section NA</b>			<b>Wet Area Showers (Level entry)</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Entire floor plan and including location and distance of all smoke alarms	Yes	No	N/A
Yes	N/A		Cross section of shower construction including timber treatment	Yes	No	N/A
Yes	N/A		Product specifications for the shower system including substrate, tanking and its appraisal certificates and all impervious finishes	Yes	No	N/A
Yes	N/A		Size and gradient of waste pipes and any additional ventilation to same	Yes	No	N/A

**Comments – Council use only**

<b>Customer Use</b> Circle as appropriate		Doc ref./ page #	<b>Solar Heating</b>	<b>Council Use</b>		
<input type="checkbox"/> <b>Section NA</b>				<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Specifications and installation details	Yes	No	N/A
Yes	N/A		Location of solar panels/ tubes/roof tank on roof plan (orientation)	Yes	No	N/A
Yes	N/A		Flashing and installation details for pipe penetrations through walls/roof details	Yes	No	N/A
Yes	N/A		Demonstrate roof structure is designed for additional load (weight)	Yes	No	N/A
Yes	N/A		Water pipe type and insulation requirements	Yes	No	N/A
Yes	N/A		Location and distance of all smoke alarms	Yes	No	N/A

<input type="checkbox"/> <b>Section NA</b>			<b>Demolition/Removal</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Have building/s to be removed been identified on a site plan?	Yes	No	N/A
Yes	N/A		Confirmation received that any services are to be capped off	Yes	No	N/A
Yes	N/A		Have any hazardous building materials been identified, such as asbestos?	Yes	No	N/A
Yes	N/A		Consideration of impact on adjoining/adjacent buildings i.e. specified systems, weather tightness, structure, site management	Yes	No	N/A
Yes	N/A		If the building was built before 1 April 2000, provide an asbestos assessment in accordance with the Health & Safety at Work (Asbestos) Regulations 2016, and if necessary an asbestos management plan.	Yes	No	N/A

<input type="checkbox"/> <b>Section NA</b>			<b>Swimming Pool/Spa Pool</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Site plan (refer site plan section of checklist)	Yes	No	N/A
Yes	N/A		Plan of all floors describing the function of each room including all doors and windows and location and distance of all smoke alarms	Yes	No	N/A
Yes	N/A		Fences/Gates with dimensions	Yes	No	N/A
Yes	N/A		Show access restrictions and locking device details for doors and windows to pool area from all doors and windows	Yes	No	N/A
Yes	N/A		Have immediate pool area hazards been identified	Yes	No	N/A
Yes	N/A		Pool manufacturer's specifications	Yes	No	N/A
Yes	N/A		Elevations/Cross section showing all construction details	Yes	No	N/A
Yes	N/A		Location of backwash indicating connection to approved outfall	Yes	No	N/A
Yes	N/A		Backflow preventer shown – type and location	Yes	No	N/A
Yes	N/A		Lockable lid specifications for small heated pools	Yes	No	N/A

<b>Council Specific Requirements – Please complete for your related Council</b>						
<input type="checkbox"/> <b>Section NA</b>			<b>Tauranga City Council</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Land undergoing subdivision – If the title has not yet been issued, the council may or may not accept your application. Refer to the Land Undergoing Subdivision Checklist form AC-6	Yes	No	N/A
Yes	N/A		50m <sup>2</sup> continuous outdoor living area incorporating a 4x3m outdoor living court minimum dimension	Yes	No	N/A
<input type="checkbox"/> <b>Section NA</b>			<b>Rotorua Lakes Council</b>	<input type="checkbox"/> <b>Section Accepted</b>		
Yes	N/A		Soil investigation that has a conclusion readily identifiable in accordance with chapter 3 RCEIS	Yes	No	N/A
Yes	N/A		Any geothermal activity on or near site, distances to proposed building work (SED where <50m to a bore or geothermal feature)	Yes	No	N/A

<input type="checkbox"/> Section NA			<b>Whakatane District Council</b>	<input type="checkbox"/> Section Accepted		
Yes	N/A		Peer review required	Structural <input type="checkbox"/>	Geotech <input type="checkbox"/>	Yes No N/A
Yes	N/A		Comments required by Council 3 Water Engineers			Yes No N/A
<input type="checkbox"/> Section NA			<b>Opotiki District Council</b>	<input type="checkbox"/> Section Accepted		
<input type="checkbox"/> Section NA			<b>South Waikato District Council</b>	<input type="checkbox"/> Section Accepted		
<input type="checkbox"/> Section NA			<b>Kawerau District Council</b>	<input type="checkbox"/> Section Accepted		
<input type="checkbox"/> Section NA			<b>Western Bay of Plenty District Council</b>	<input type="checkbox"/> Section Accepted		
<input type="checkbox"/> Section NA			<b>Taupo District Council</b>	<input type="checkbox"/> Section Accepted		

**Taupo District Council only requires one copy of plans, specifications and supporting documents**

Yes	N/A		Any geothermal activity on or near site, distances to proposed building work	Yes	No	N/A
Yes	N/A		<b>Relocatable Buildings:</b> Is the structure being relocated in more than one part?	Yes	No	N/A
			If so, please provide detail of how the building will be reconnected showing compliance with NZBC B1 and E2			
			Please provide current photos for all elevations	Yes	No	N/A
Yes			Please specify how you would like to receive your approved documents: <input type="checkbox"/> Email ( <b>Limited by file size</b> – also choose a backup option from below) <input type="checkbox"/> USB (\$10.00) <input type="checkbox"/> Printed (\$35.00 min. fee) Plans only printed to a <b>maximum size of A3</b> <i>Due to this the scale of plans may be affected</i>	Yes		

**ADDITIONAL FEES**

**Please be aware that additional fees may be applied after lodgment deposit is paid, for inspections, processing, certificates, government levies and the like.**

**Person completing checklist:**

Name to be on invoice: \_\_\_\_\_

Deposit payment details:  Email deposit request to \_\_\_\_\_ (email address)  
 Other: \_\_\_\_\_ (eg. Cash / eftpos / chq attached)

Signature: \_\_\_\_\_  Agent  Owner  Other: \_\_\_\_\_

Name of person signing: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNCIL USE ONLY**

Outcome of decisions – Council Use Only	Officer	Date	Time
<input type="checkbox"/> This application was not accepted for lodgment because documentation was incomplete			
<input type="checkbox"/> This application needs to be re-vetted			
<input type="checkbox"/> Documentation is now complete and the application is accepted for lodgment			
<input type="checkbox"/> Application will now proceed for compliance checking			

<b>Project Type</b>														
<b>RBW</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Type</b>	PIM <input type="checkbox"/>	CIM <input type="checkbox"/>	PIM/BC <input type="checkbox"/>	BC <input type="checkbox"/>	<b>Category</b>	R1 <input type="checkbox"/>	R2 <input type="checkbox"/>	R3 <input type="checkbox"/>	C1 <input type="checkbox"/>	C2 <input type="checkbox"/>	C3 <input type="checkbox"/>