## APPLICATION FOR WAIVER OR MODIFICATION Section 67, Building Act 2004



## **BUILDING**

Street address of building:	OFFICE ONLY:		
Legal description of land where building is located: Lot(s)	DP/S		
Building name:			
Location of building within site / block number: [include nearest street acc			
,	Stamp Date received:		
Number of levels: [above & below ground]Le			
Floor area: (sq m) [Indicate area affected by the building work]			
Current, lawfully established, use: [add no. of occupants per level and per	use if more than 1]		
THE OWNER	AGENT [if application is being made on behalf of the owner]		
Name of Owner / Company:	Name of Agent / Company:		
Contact person	Contact person:		
Mailing address:	Mailing address:		
Street address / registered office:	Street address / registered office:		
5			
Phone Number: Landline:	Phone Number: Landline:		
Mobile:Daytime:			
•	Mobile:		
After hours: Facsimile number:	After hours:Facsimile number:		
Email address:	Email address:		
Website:	Website:		
FIRST POINT OF CONTACT for communications with the Council / Building Consent Authority:			
	☐ Owner ☐ Agent		
( ✓ tick as applicable)	INVOICE TO:   Owner   Agent		

modification of the Building Code is required				
*D : : !! : !			16 1 1 1	
*By signing this document I the signee being the Owner /Agent (delete the ones that don't apply below) acknowledge the amendment to my building consent as described in this application form.				
Owner*/ Agents name*				
Owners*/ Agents signature	Date (DD/MN	M/YYYY)		
Waivers and modifications				
. Please circle code clauses affected, as applicable. Supporting documentation must be attached.				
WAIVED OD MODIEICATION				
<b>WAIVER OR MODIFICATION</b> B1: B2: C1: C2: 3: C4: D1: D2: E1: E2: E3: F1: F2: F3: F4: F5: F6: F7: F8: G1: G2: G3: G4: G5: G6:				
G7 : G8 : G9 : G10 : G11 : G12 : G13 : G14 : G15 : H	1			
OI	FFICE USE ONLY			
Sufficient documentation provided to accept application?		Yes	No	
Waiver or modification clearly described?		Yes	No	
If no, list deficiencies here:				
Application accepted?		Yes	No	
Vetting Officer	Date			
Recheck				
Sufficient documentation provided to accept application?		Yes	No	
Vetting Officer	Date			

**DETAILED DESCRIPTION OF APPLICATION** - please put together a detailed explanation as to why waiver or

## THAMES-COROMANDEL DISTRICT COUNCIL

Receipt No:

District Office: 515 Mackay Street Thames Phone: 07 868 0200

Fax: 07 868 0234

E-mail: <u>Customer.services@tcdc.govt.nz</u>

www.tcdc.govt.nz

Date accepted