

Application for amendment to Compliance Schedule

Section 106, Building Act 2004. Building (forms) Regulations 2004

This form is to be used to request an amendment to a compliance schedule outside of a building consent. The territorial authority (TA) will review the application and make a decision to either amend the compliance schedule or refuse with reasons.

Please identify specified system(s) to be amended on page 2 with reasons for amendment (e.g. as a result of an audit by the TA) and complete a SS form for each amended system stating design, installation, reporting and maintenance procedures. Our website has information that may be of assistance please see **Information Sheet on Specified System (IS SS)**

1 THE BUILDING

Street address of the building *for structures without a street address, state the nearest street intersection and distance from that intersection*

Legal description of land where building is located *state legal description as at the date of application and, if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consent*

Current, lawfully established, use *in terms of the building code clause A1 Classified uses (include number of occupants per level and pre use if more than 1)*

Compliance Schedule Number

Level / Unit number

Building name and location *within site/block to nearest street access*

2 OWNER

Name of owner

Contact person *if not owned by an individual*

Contact details

Phone number(s)

Email / Website

Mailing address & Street address *(if different)*

Proof of ownership

☐

Record of Title

☐

Lease Agreement

☐

Sale & purchase agreement

☐

Other document

3 AGENT / APPLICANT *only required where the application is being made on behalf of the owner*

Name of agent / applicant

Contact person *if the agent / applicant is not an individual*

Contact details

Phone number(s)

Email / Website

Mailing address & Street address *(if different)*

Confirm relationship to owner & authorisation to act

First point of contact for communication with the council:

☐

Agent

☐

Owner

☐

Other (provide details)

☐

Agent

Billing (Payer) Details

☐

Owner

☐

Other (provide details)

I request that the compliance schedule for the above building be amended as follows;		
Select specified system(s) be amended		Reason for amendment
<input type="checkbox"/>	SS 1 Automatic systems for fire suppression	<input type="text"/>
<input type="checkbox"/>	SS 2 Automatic or manual emergency warning systems for fire or other dangers	<input type="text"/>
	SS 3 Electromagnetic or automatic doors or windows	
<input type="checkbox"/>	3/1 Automatic Doors	<input type="text"/>
<input type="checkbox"/>	3/2 Access Controlled Doors	<input type="text"/>
<input type="checkbox"/>	3/3 Interfaced fire or smoke doors or windows	<input type="text"/>
<input type="checkbox"/>	SS 4 Emergency lighting systems	<input type="text"/>
<input type="checkbox"/>	SS 5 Escape route pressurisation systems	<input type="text"/>
<input type="checkbox"/>	SS 6 Riser mains for use by fire services	<input type="text"/>
<input type="checkbox"/>	SS 7 Automatic backflow preventers connected to a potable water supply	<input type="text"/>
	SS 8 Lifts, escalators, travelators, or other systems for moving people or goods	
<input type="checkbox"/>	8/1 Passenger-carrying lifts	<input type="text"/>
<input type="checkbox"/>	8/2 Platform, Low Speed & Service Lifts	<input type="text"/>
<input type="checkbox"/>	8/3 Escalators and Moving Walks	<input type="text"/>
<input type="checkbox"/>	SS 9 Mechanical ventilation or air conditioning systems	<input type="text"/>
<input type="checkbox"/>	SS 10 Building maintenance units (access to the exterior and interior walls of a building)	<input type="text"/>
<input type="checkbox"/>	SS 11 Laboratory fume cupboards	<input type="text"/>
<input type="checkbox"/>	SS 12 Audio loops or other assistive listening system	<input type="text"/>
	SS 13 Smoke Control Systems	
<input type="checkbox"/>	13/1 Mechanical Smoke Control	<input type="text"/>
<input type="checkbox"/>	13/2 Natural Smoke Control	<input type="text"/>
<input type="checkbox"/>	13/3 Smoke Curtains	<input type="text"/>
	SS 14 Emergency Power Systems for, or signs relating to, a specified system and any of specified systems 1-13	
<input type="checkbox"/>	14/1 Emergency power systems	<input type="text"/>
<input type="checkbox"/>	14/2 Signs	<input type="text"/>
	SS 15 Other fire safety systems or features (contains one or more specified systems 1–6, 9 and 13)	
<input type="checkbox"/>	15/1 Systems for communicating spoken information intended to facilitate evacuation	<input type="text"/>
<input type="checkbox"/>	15/2 Final Exits	<input type="text"/>
<input type="checkbox"/>	15/3 Fire Separations	<input type="text"/>
<input type="checkbox"/>	15/4 Signs for communicating information intended to facilitate evacuation <input type="checkbox"/> 15/4 Signs not-illuminated <input type="checkbox"/> 15/4 Signs Illuminated <input type="checkbox"/> 15/4 Photoluminescent signs and escape path marking	<input type="text"/>
<input type="checkbox"/>	15/5 Smoke separations	<input type="text"/>
<input type="checkbox"/>	SS 16 Cable cars	<input type="text"/>