

1. PROJECT DETAILS

Building Consent Number: <input type="text"/>	Issued by: Queenstown Lakes District Council
Street address of Building: <input type="text"/>	Legal Description [Lot & DP]: <input type="text"/>

2. THE OWNER

Name of Owner (include preferred title; Mr, Mrs, Ms, Other):

Contact Person (if not individually owned e.g. trust or company):

Mailing address:

Street address / Registered address (if different from above):

Contact Number(s): Email address:

The following evidence of ownership is attached:
 As listed on Building Consent
 Lease Agreement
 Agreement for Sale and Purchase
 Certificate of Title
 Other document

3. AGENT [Only required if application is being made on behalf of the owner]

Name of Agent (include preferred title; Mr, Mrs, Ms, Other):

Mailing address:

Street address / Registered address (if different from above):

Contact Number(s): Email address:

Relationship to owner (State details of the authorisation from the owner to make the application on the owner's behalf):

First Point of Contact: [for communications with the Council / Building Consent Authority]
 Owner Agent

Written authorisation is provided (and attached) from the owner if the agent is different from that who completed the building consent:
 Yes N/A

4. APPLICATION

Completion Date (Date all building work carried out under the building consent specified on this form was completed):

Restricted Building Work
Residential construction or alteration work affecting primary structure and weather-tightness
List licenced building practitioner(s) who carried out or supervised restricted building work (use separate page if necessary)

Name	Licensing Class & Number LBP Number (or reg. no. (BA s291))	Work Carried Out Particular work carried out or supervised
	Class – Carpentry	
	Class – Foundations	
	Class – Roofing	
	Class – Brick & Blocklaying	
	Class – External Plastering	

Other Building Work

Personnel who carried out building work that is not restricted building work

List names, addresses, telephone numbers, and (where relevant and if not provided above) licenced building practitioner numbers or Plumbers, Gasfitters and Drainlayers board registration numbers.

Name	Email Address	Phone Number	Work carried out (i.e. plumbing, carpentry)	Trade registration number (if relevant)

Note: Continue on another page if necessary

Specified Systems

Check your approved building consent for details and select one of the following:

No Specified Systems Specified Systems as listed below

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:

SS Number & Name

5. REQUEST TO ISSUE CCC

I request that you issue a Code Compliance Certificate (CCC) for this work under Section 95 of the Building Act 2004.

Signature:

Date:

Name of person signing (owner or agent on behalf of owner with the authority to act on their behalf):

Owner Agent

The Code Compliance Certificate should be sent to:

Owner Agent

6. ATTACHMENTS [The following documents are attached to this application]

Refer to Form 5 – Building Consent, section 'Construction Documentation Requirements' to find all required attachments.

Attachments include (as per Issued Form 5);

- Information requested on the issued building consent, including:
- Producer Statements Construction Review (PS4)
 - Producer Statement Construction (PS3)
 - Certification (e.g. Gas and Electrical Certificates)
- Records of work for restricted building work
- Evidence for Specified Systems listed on the issued building consent
- Other documents to assist with issue of CCC