



Ref	Consent Application Check List 9
Date	April 2017

## Application Checklist 9 for Demolition or Removal of a Building

Please complete this user guide, your building consent application and compile all the necessary documentation. This user guide must accompany your application.

When you are ready to lodge your application, please phone 03 433 0300 to make an appointment with a Building Control Officer if you wish to discuss aspects of your project at the submission stage.

A deposit is required at submission.

Further information is available on the website.

Your application will be checked for completeness and compliance prior to being accepted.

If there is further information required after the application is accepted you will be contacted requesting this detail.

**Complete and technically correct building consent applications with all necessary documentation are processed FASTER than incorrect ones.**

Name Project Location:	Applicant to complete		Office use only
	Yes	N/A	
Application Form			
Legal description and location address completed.	<input type="checkbox"/>		<input type="checkbox"/>
Has the application form been completed, signed and dated?	<input type="checkbox"/>		<input type="checkbox"/>
Has the correct total value of building work been shown?	<input type="checkbox"/>		<input type="checkbox"/>
Is a current copy of the Certificate of Title provided? (where easements listed a full Certificate of Title is required) Date first constructed? <i>Year or nearest decade.</i> <i>Lawfully established use? Housing, Communal residential, Communal non residential, Commercial, Industrial, Out buildings, Ancillary</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Project personnel completed if disconnecting water/sewer services.	<input type="checkbox"/>		<input type="checkbox"/>
Authorisation to act as Agent for Owner (for applications made on behalf of the owner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Council Services – Water/Waste Water/Roading</b>			
Are you disconnecting from a Council water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you disconnecting from a Council sewer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you retaining connections for a replacement building to be constructed in the near future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Plumbing and Drainage</b>			
A location plan showing the disconnection from the Council pipes point will be required at completion of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will a septic tank remain on site? – information on emptying back filling is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL INFORMATION PROVIDED**

	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Application checklist completed by \_\_\_\_\_ Owner/Agent/Designer/Other

Signed \_\_\_\_\_ Name: \_\_\_\_\_ Date \_\_\_\_\_

**A schedule of building consent fees is located within the building application category of Council's website**

<b>Office Use Only</b>	
Application checked for completeness	
Building Control Officer	
Date	

**FOR COUNCIL USE ONLY**

**Pre-assessment**

**Vetted By: \_Officer\_\_\_\_\_Date:\_\_\_\_\_**

**Category: \_\_\_\_\_**

**Admin Officer Lodging: \_\_\_\_\_ Lodgement date: \_\_\_\_\_**

Referrals	Yes	No	Action	Tick
Building			Ok to accept and lodge	
Plumbing				
Planning			Cannot accept and lodge until the following information is provided by applicant	
Water/Sewer				
Roading				
Environmental Health				
Property addressing				
HPT				
Fire Service				
Other				

**Description of work to appear on consent:**

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**Notes to Lodging Officer**

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**Additional information required**

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<b>Deposit amount</b>	<b>Date</b>
<b>Receipt No.</b>	