

Application for Amendment to Compliance Schedule

(Section 106, Building Act 2004)

Form 11

Compliance Schedule N^o:

THE BUILDING

Street address of building: _____

[for structures that do not have a street address, state the nearest street intersection and the distance and direction 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]

Building name: _____

Location of building within site/block number: _____

[include nearest street access]

Level/unit number: _____

Current, lawfully established use: _____

[include number of occupants per level and per use if more than one]

THE OWNER

Name of owner: _____

[include preferred form of address e.g. Mr, Miss, Dr, if an individual]

Contact person: _____

Mailing address: _____

Street address/registered office: _____

Phone number (daytime): _____

Phone number (after hours): _____

Mobile number: _____

Facsimile number: _____

Email address: _____

Website address: _____

Evidence of ownership: _____

[copy of certificate of title, lease, agreement for sale and purchase, or other document showing full name of legal owners(s) of the building]

THE AGENT *[only required if application is being made on behalf of the owner]*

Name of agent: _____

Contact person: _____

Mailing address: _____

Street address/registered office: _____

Phone number (daytime): _____

Phone number (after hours): _____

Mobile number: _____

Facsimile number: _____

Email address: _____

Website address: _____

Relationship with Owner: _____

[state details of authorisation from owner to make this application on the owner's behalf]

First point of contact for
communications with the Council: _____

[state full name, mailing address, phone numbers(s), facsimile numbers(s) and email address(es)]

APPLICATION:

I request that the compliance schedule for the above building be amended as follows:

SPECIFIED SYSTEM	AMENDMENT	REASON
<input type="checkbox"/> SS1 – Automatic Systems for Fire Suppression		
<input type="checkbox"/> SS2 – Emergency Warning Systems		
<input type="checkbox"/> SS3.1 – Automatic Doors		
<input type="checkbox"/> SS3.2– Access Controlled Doors		
<input type="checkbox"/> SS3.3 – Interfaced Fire or Smoke Doors or Windows		
<input type="checkbox"/> SS4 – Emergency Lighting Systems		
<input type="checkbox"/> SS5 – Escape Route Pressurisation Systems		
<input type="checkbox"/> SS6 – Riser Mains		
<input type="checkbox"/> SS7 – Automatic Backflow Preventers		
<input type="checkbox"/> SS8.1 – Passenger Carrying Lifts		
<input type="checkbox"/> SS8.2 – Service Lifts		
<input type="checkbox"/> SS8.3 – Escalators and Moving Walks		
<input type="checkbox"/> SS9 – Mechanical Ventilation or Air Conditioning Systems		
<input type="checkbox"/> SS10 – Building Maintenance Units		
<input type="checkbox"/> SS11 – Laboratory Fume Cupboards		
<input type="checkbox"/> SS12.1 – Audio Loops		
<input type="checkbox"/> SS12.2 – FM Radio & Infrared Beam Transmission Systems		
<input type="checkbox"/> SS13.1 – Mechanical Smoke Control		
<input type="checkbox"/> SS13.2 – Natural Smoke Control		
<input type="checkbox"/> SS13.3 – Smoke Curtains		
<input type="checkbox"/> SS14.1 – Emergency Power Systems 1 - 13		
<input type="checkbox"/> SS14.2 – Signs for Systems 1 - 13		
<input type="checkbox"/> SS15.1 – Systems for Communicating Evacuation		
<input type="checkbox"/> SS15.2 – Final Exits		
<input type="checkbox"/> SS15.3 – Fire Separations		
<input type="checkbox"/> SS15.4 – Signs for Facilitating Evacuation		
<input type="checkbox"/> SS15.5 – Smoke Separations		
<input type="checkbox"/> SS16 – Cable Cars		

ATTACHMENTS:

- Copy of existing Compliance Schedule
- Completed Specified Systems Forms SS1-SS16 (one for each system being altered)

SIGNATURE [of owner/agent on behalf of, and with the authority of the owner]:

<input type="checkbox"/> Owner or <input type="checkbox"/> Agent	Signature: _____
Name of person signing: _____	Date: ____/____/____

