## APPLICATION TO AMEND & MODIFY BUILDING CONSENT FOR B2 DURABILITY



Section 67, Building Act 2004

This form is to be used in conjunction with an application for code compliance certificate where the building work is more than two years old. Please note a fee applies and will be invoiced following approval.

## **BUILDING**

Street address of building:	OFFICE ONLY:		
Legal description of land where building is located: Lot(s)	Consent / PIM No ·	Consent / PIM No.:	
Building name:	ABA		
Location of building within site / block number: [include nearest street access]			
250attori or barraing within one y brook harrison. [initiated floations of out of			
Number of levels: [above & below ground]Lev			
Floor area:			
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:		
Phone Number: Landline:	Phone Number: Landline:		
Mobile:Daytime:	Mobile:Daytime:		
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 □ Ager	nt	
( ✓ tick as applicable)	INVOICE TO: ☐ Owner ☐ Ager	nt	

## **DETAILED DESCRIPTION OF APPLICATION -** <u>please put together a detailed explanation as to why waiver or modification of the Building Code is required</u>

Reason why modification requested			
Date of practical completion or date building occupied?			
List of any maintenance carried out since building work completed			
Applicants signature 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/MM/YYYY)			

## THAMES-COROMANDEL DISTRICT COUNCIL

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