

# Application for New Compliance Schedule - Section 102A Building Act 2004

(Where not part of Building Consent Application)

Note: all sections must be filled in

## The Building

Street Address of the Building .....

Legal Description of Land where Building is Located      Lot.....  
DP.....

Name of Building.....

Current Lawfully Established use (Tick all that apply).....

Housing – Detached dwelling	<input type="checkbox"/>	Housing – Multi-unit dwelling	<input type="checkbox"/>
Housing – Group dwelling	<input type="checkbox"/>	Communal Residential – Community service	<input type="checkbox"/>
Communal Residential – Community care	<input type="checkbox"/>	Communal non-residential – Assembly service	<input type="checkbox"/>
Communal non-residential – Assembly care	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	Outbuildings	<input type="checkbox"/>
Ancillary	<input type="checkbox"/>		<input type="checkbox"/>

Number of levels.....Number of occupants per level.....

Risk Group (Tick all that apply) 

SH	<input type="checkbox"/>	SM	<input type="checkbox"/>	SI	<input type="checkbox"/>	CA	<input type="checkbox"/>	WB	<input type="checkbox"/>	WS	<input type="checkbox"/>	VP	<input type="checkbox"/>
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**The Owner**

Name of the Owner.....

Contact Person .....

Occupation.....

Mailing Address .....

Phone ..... Mobile.....

A/Hours Contact..... Fax .....

Email .....

***First point of contact for communication with Council***

Name.....

Mailing Address .....

Phone ..... Mobile.....

A/Hours Contact..... Fax .....

Email .....

The building contains the following systems	Type, make and model and location in the building	Performance standards	Inspection and maintenance procedures	Reporting frequency
<input type="checkbox"/>	1) Automatic systems for fire suppression (eg, sprinkler systems)			
<input type="checkbox"/>	2) Automatic or manual emergency warning systems for fire or other dangers			
<input type="checkbox"/>	3.1) Automatic doors			
<input type="checkbox"/>	3.2) Access control doors			
<input type="checkbox"/>	3.3) Interfaced fire or smoke doors or windows			
<input type="checkbox"/>	4) Emergency lighting systems			
<input type="checkbox"/>	5) Escape route pressurization systems			
<input type="checkbox"/>	6) Riser mains for fire services			
<input type="checkbox"/>	7) Automatic back-flow preventers connected to a potable water supply			
<input type="checkbox"/>	8.1) Passenger-carrying lifts			
<input type="checkbox"/>	8.2) Service lifts			
<input type="checkbox"/>	8.3) Escalators and moving walkways			
<input type="checkbox"/>	9) Mechanical ventilation of air-conditioning systems			
<input type="checkbox"/>	10) Building maintenance units (for providing access to the exterior and interior walls of a building)			

The building contains the following systems	Type, make and model and location in the building	Performance standards	Inspection and maintenance procedures	Reporting frequency
<input type="checkbox"/>	11) Laboratory fume cupboards			
<input type="checkbox"/>	12.1) Audio loops			
<input type="checkbox"/>	12.2) FM radio frequency systems and infrared beam transmission systems			
<input type="checkbox"/>	13.1) Mechanical smoke control			
<input type="checkbox"/>	13.2) Natural smoke control			
<input type="checkbox"/>	13.3) Smoke curtains			
<input type="checkbox"/>	14.1) Emergency power systems			
<input type="checkbox"/>	14.2) Signs for systems			
<input type="checkbox"/>	15.1) Systems for communicating information intended to facilitate evacuation			
<input type="checkbox"/>	15.2) Final exits			
<input type="checkbox"/>	15.3) Fire separations			
<input type="checkbox"/>	15.4) Signs for communicating information intended to facilitate evacuation			
<input type="checkbox"/>	15.5) Smoke separations			
<input type="checkbox"/>	16) Cable cars			

Signed by the Owner

Signed by the Agent  
(on behalf of and with the authority of the Owner)

Signature.....

Signature.....

Name.....

Name.....

Date.....

Date.....

**The fee for processing will be invoiced when processing is complete, and must be paid before the compliance schedule is issued**

Please Address Correspondence to:  
**Building Compliance Team**  
**Porirua City Council**  
**PO Box 50218**  
**PORIRUA 5240**

Office  
use

Received		Processed		Approved		Not approved	
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