

## Application for Certificate for Public Use

(Form 15 - Section 363A, Building Act 2004)

We recommend applying for a certificate for public use (CPU) online using our Online Service - [www.dunedin.govt.nz/building-consent-applications](http://www.dunedin.govt.nz/building-consent-applications) Note, please do not fill in this form if using the online form.

We strongly recommend applicants seek professional advice when completing this form as this application requires a sound knowledge of the Building Act and the New Zealand Building Code (NZBC). For information on managing public access while building or altering a public building visit [www.dunedin.govt.nz/before-you-build](http://www.dunedin.govt.nz/before-you-build)

For guidance on completing this form, contact Building Services by emailing [building@dcc.govt.nz](mailto:building@dcc.govt.nz) or phone 03 477 4000.

For current CPU fees visit: [www.dunedin.govt.nz/building-services-fees](http://www.dunedin.govt.nz/building-services-fees)

### PREMISES / PART OF PREMISES

Nominate applicable use:  Construction use  Occupation use Requested CPU expiry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of premises/part of premises for which certificate is sought: (Identify the building in which the premises or part of the premises are located and describe those premises or that part of the premises. If appropriate, provide plans or diagrams that clearly delineate the premises or part of the premises).

### BUILDING WORK AFFECTING THE PREMISES / PART OF PREMISES

Building Consent Number(s): \_\_\_\_\_

Issued by: (Name of building consent authority that issued the building consent). \_\_\_\_\_

Site Address: \_\_\_\_\_

Location of building within site/block number: \_\_\_\_\_

### THE APPLICANT (person who owns, occupies, or controls premises)

Name of applicant: (Include preferred form of address). \_\_\_\_\_

Contact person: (If applicant is a company). \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Contact email address: \_\_\_\_\_

The applicant is the person who:  Owns  Occupies  Controls the premises

The following evidence of the applicants above status is attached to this application:

Copy of record of title  Lease  Sale and purchase agreement  Licence  Property management agreement

Other document showing full name of the applicant.

The owner's name and address: \_\_\_\_\_

### THE AGENT (only required if application is being made on behalf of the owner, occupier, or person in control of premises)

Name of agent: (Include preferred form of address). \_\_\_\_\_

Contact person: (If agent is a company). \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Contact email address: \_\_\_\_\_

Relationship to owner/occupier/ person in control of the premises: (State details of the authorisation from the owner/occupier/person in control of the premises to make the application on the person's behalf)

### INVOICES

#### Invoices to be sent to:

Owner/Occupier/Person in control of premises  Agent  Other (Specify details): \_\_\_\_\_

How do you want to receive your invoice?  Email Address: \_\_\_\_\_  Post

**APPLICATION (enter N/A if any of the mandatory fields are not applicable to this application)**

I confirm that no code compliance certificate has been issued for the building work.  
 It is intended to permit members of the public to use the premises/part of the premises described in this application for the following purposes and in the following circumstances: *(Describe purposes and circumstances)*.

Members of the public can use the premises/part of the premises described in this application safely because: *(State reasons for statement, and include any precautions taken to protect the public, information on any specified systems in the premises or part of the premises, and the management of any special risks (e.g., means of escape from fire) on site (provide information in attachments, if necessary))*.

List the effects or possible effects on other businesses in the same building. How will noise/dust/pollution be mitigated? Give details:

Will any of the specified systems need to be disconnected or shut down?  Yes  No If Yes, give details:

How will the public safety be ensured e.g., preventions from entering the site, work area cordoned off? Give details:

The personnel who carried out the building work are as follows (if known):

Name:	Name:
Address:	Address:
Phone number:	Phone number:
Registration number:	Registration number:

Safety issues to be considered (Building code clauses to be considered with this application):  
*(Note: Producer statements from suitability qualified persons, if applicable, must be attached to this application).*

Building Clauses (Safety Issue)	Building Code Clause	Building Clauses (Safety Issue)	Building Code Clause
Structure	B1	Fire Safety	C1-C6, F6, F7
Access Routes	D1	Hazardous Agents, Substances, Building Materials	F1-F3
Safety from Falling	F4	Restricting Access to Pools	F9
Personal Hygiene	G1	Food Preparation	G3
Ventilation	G4	Electricity	G9
Gas	G11		

**DECLARATION - SIGNED BY**

I request that you issue, under section 363A(2) of the Building Act 2004, a certificate for public use for the premises or part of the premises described in this application.

<input type="checkbox"/> Owner/Occupier/Person in control of premises or <input type="checkbox"/> Agent	Signature:
Name of person signing:	Date: ____/____/____

**ATTACHMENTS (the following documents are attached to this application)**

<input type="checkbox"/>	Evidence of applicant's status
<input type="checkbox"/>	Plans and diagrams showing the premises or part of the premises described above
<input type="checkbox"/>	Documentation relevant to the safety of the premises or part of the premises (e.g., an engineer's report, certificates concerning specified systems)