

<b>Application for amendment to compliance schedule</b> (Section 106, Building Act 2004) <b>Form 11</b>	<b>Compliance Schedule N°:</b>

<b>THE BUILDING</b>
Street address of building: _____  <i>[for structures that do not have a street address, state the nearest street intersection and the distance and direction from that intersection]</i> Legal description of land where building is located: _____ <i>[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]</i> Building name: _____ Location of building within site/block number: _____ <i>[include nearest street access]</i> Level/unit number: _____ Current, lawfully established use: _____ <i>[include number of occupants per level and per use if more than one]</i>

<b>THE OWNER</b>
Name of owner: _____ <i>[include preferred form of address e.g. Mr, Miss, Dr, if an individual]</i> 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: _____ <i>[copy of record of title, lease, agreement for sale and purchase, or other document showing full name of legal owners(s) of the building]</i>

<b>THE AGENT <i>[only required if application is being made on behalf of the owner]</i></b>
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: _____ <i>[state details of authorisation from owner to make this application on the owner's behalf]</i> First point of contact for communications with the Council: _____   <i>[state full name, mailing address, phone numbers(s), facsimile numbers(s) and email address(es)]</i>

**APPLICATION:**

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

SPECIFIED SYSTEM	AMENDMENT	REASON (state why amendment is required to ensure that the specified system meets the performance standards)
<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 – Platform, Low-Speed and 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:**

<input type="checkbox"/> Copy of existing Compliance Schedule
<input type="checkbox"/> Completed SBCG SSCCC Specified Systems Forms for code compliance certificate applications or amended compliance schedules (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: ____/____/____



Central Otago District Council  
 Clutha District Council  
 Dunedin City Council  
 Gore District Council  
 Invercargill City Council  
 Mackenzie District Council

Queenstown Lakes District Council  
 Southland District Council  
 Timaru District Council  
 Waimate District Council  
 Waitaki District Council