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1. The building

1a. Street address of building

1b. Legal description

1c. Building name

1d. Location of building

1e. Level/unit number

1f. Year first constructed

1g. Current, lawfully established use(s)

2. Property owner details

2a. Full name

2b. Contact person (If owner is a corporation, partnership or trust)

2c. Postal address

2d. Contact details
 Phone Mobile Fax

2e. Email

3. Applicant details

3a. I am the Property owner Proceed to 3f. Lessee Provide details below Agent Authorised by owner/lessee Provide details below

3b. Full name

3c. Postal address

3d. Contact details
 Phone Mobile Fax

3e. Email

3f. Preferred means for formal correspondence Mail Email Fax

4. Compliance schedule

I have attached the performance standards and inspection, maintenance and reporting procedures for each of the systems listed. Where features are located in an isolated area of the building, their position is provided.

The address and location where the compliance schedule will be kept:

Please turn over

OFFICE USE ONLY

Date received	<input type="text"/>	File reference	<input type="text" value="RG-02-11-05"/>
Received by	<input type="text"/>	Document #	<input type="text"/>
Property ID	<input type="text"/>	Land ID	<input type="text"/>
		Application #	<input type="text"/>

4. Compliance schedule - continued

The specified systems for the building are indicated below:

- SS1 Automatic systems for fire suppression (e.g. sprinkler systems).
- SS2 Automatic or manual emergency warning systems for fire or other dangers.
- SS3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation).
 - SS3/1 Automatic doors.
 - SS3/2 Access controlled doors.
 - SS3/3 Interfaced fire or smoke doors or windows.
- SS4 Emergency lighting systems.
- SS5 Escape route pressurisation systems.
- SS6 Riser mains for use by fire services.
- SS7 Automatic backflow preventers connected to a potable water supply.
- SS8 Lifts, escalators, travelators or other systems for moving people or good within buildings.
 - SS8/1 Passenger carrying lifts.
 - SS8/2 Service lifts.
 - SS8/3 Escalators and moving walks.
- SS9 Mechanical ventilation or air-conditioning systems.
 - SS9/1 Air-conditioning systems.
 - SS9/2 Ventilation systems.
 - SS9/3 Fire/smoke dampers.
- SS10 Building maintenance units providing access to exterior and interior walls of building.
- SS11 Laboratory fume cupboards.
- SS12 Audio loops or other assistive listening systems.
 - SS12/1 Audio loops.
 - SS12/2 FM radio frequency systems and infrared beam transmission systems.
- SS13 Smoke control systems.
 - SS13/1 Mechanical smoke control.
 - SS13/2 Natural smoke control.
 - SS13/3 Smoke curtains.
- SS14 Emergency power systems for or signs relating to, a system or feature specified for any of the above systems or features.
 - SS14/1 Emergency power systems.
 - SS14/2 Signs.
- SS15 Other fire safety systems or features.
 - SS15/1 Systems for communicating spoken information intended to help evacuation.
 - SS15/2 Final exits (as defined in the Building Code).
 - SS15/3 Fire separation (as defined in the Building Code).
 - SS15/4 Signs or communicating information intended to help evacuation.
 - SS15/5 Smoke separations (as defined in the Building Code).

5. Applicant's declaration

PRIVACY STATEMENT:

Information on this form is required to be provided under the Building Act 2004 and is required to process your application. This information, including your personal information, has to be made available to the members of the public and media, including business organisations, upon request. In appropriate circumstances, it may also be made available to other units of the Council, the Council's approved contractors and other government agencies. Under the Privacy Act 1993, you have the right to access the personal information held about you by the Council and you can also request that the Council corrects any personal information it holds about you.

I confirm that I have read and understood the privacy statement above and that the information provided on the application form is true and correct. I also understand that the Council will send all invoices and refunds for fees to me (the applicant) and I will be responsible for, and indemnify the Council in respect of, the payment of all fees in connection with this application. I confirm that I am the owner or I am authorised by the owner to make this application on their behalf. I further understand that all correspondence related to the application will be sent to me.

Signature

Date

Name (print clearly)