

Compliance Schedule Number:

1. THE BUILDING

Street address of building: [If no street address – details of nearest intersection]

Lot	DP	Site Area (m2)	Section
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Block	Valuation Number		
<input type="text"/>	<input type="text"/>		

Location of building within site/block number: [Include nearest street access]

Building Name:

Number of levels: [Above & below ground]

Level /Unit Number:

Current, lawfully established, use as defined in the building code clause [A1 Classified uses](#):

Number of occupants per level and per use (if more than 1)

2. THE OWNER

Name of Owner (include preferred title; Mr, Mrs, Ms, Other):

Contact Person (if not individually owned e.g. trust or company):

Mailing address:

Street address / Registered address (if different from above):

Contact Number(s):

Email address:

The following evidence of ownership is attached:

Record of Title Lease Agreement Agreement for Sale and Purchase Other documents (showing full name of legal owner(s) of the building)

3. AGENT [Only required if application is being made on behalf of the owner]

Name of Agent (include preferred title; Mr, Mrs, Ms, Other):

Mailing address:

Street address / Registered address (if different from above):

Contact Number(s):

Email address:

Relationship to owner (State details of the authorisation from the owner to make the application on the owner's behalf):

First Point of Contact: [for communications with the Council / Building Consent Authority]

Owner Agent

4. APPLICATION

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

Tick as applicable	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		

5. SIGNATURE

Signature (owner/agent on behalf of, and with the authority of, the owner):

Date:

Name of person signing:

Owner Agent

6. ATTACHMENTS [The following documents are attached to this application]

Copy of existing compliance schedule

Completed SS [Specified Systems Forms](#) for code compliance certificate applications or amended compliance schedules (SS1- SS16: one for each system being altered).