

Producer Statement Construction (PS3) Electromagnetic or Automatic Doors or Windows (SS3)



TO BE COMPLETED BY THE PERSON WHO HAS UNDERTAKEN THE BUILDING WORK

Author Name:	<input type="text"/>	Building Consent No:	<input type="text"/>
Author Company:	<input type="text"/>	Author Registration No:	<input type="text"/>
Author Email:	<input type="text"/>	Author Phone:	<input type="text"/>

☐ SS3/1 Automatic Doors

Performance Standard:	<input type="checkbox"/> NZS 4239:1993	Standard for Inspection and Maintenance:	<input type="checkbox"/> NZS 4239:1993
	<input type="checkbox"/> AS 5007:2007		<input type="checkbox"/> AS 5007:2007
	<input type="checkbox"/> AS 4290:2000		<input type="checkbox"/> AS 4290:2000
	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

☐ SS3/2 Access Control Doors

Performance Standard:	<input type="checkbox"/> C/AS2	Standard for Inspection and Maintenance:	<input type="checkbox"/> As per Compliance Schedule Handbook
	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

☐ SS3/3 Interfaced Fire or Smoke Doors or Windows

Performance Standard:	<input type="checkbox"/> C/AS2	Standard for Inspection and Maintenance:	<input type="checkbox"/> As per Compliance Schedule Handbook
	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

Type	Make / Model	Location

I have sighted the above building consent and read the attached conditions of consent and confirm that I have undertaken the building work in accordance with the consented plans and specifications.

I understand that Queenstown Lakes District Council is reliant on this producer statement in order to establish compliance with the requirements of the Building Act 2004, Building Code and the consented plans and will use this statement in order to issue the code compliance certificate for this application.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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*All sections of this form must be completed.
Producer statements are accepted solely at Queenstown Lakes District Council's discretion.*