

APPLICATION FOR AMENDMENT TO COMPLIANCE SCHEDULE

BAM 011

Building Act 2004

APPLICATION
I request that you issue an Amendment to Compliance Schedule No: _____ for the work described in this application.

THE BUILDING	
Street address: <i>(Project location)</i> _____ Legal description: <i>(at time of application)</i> Lot: _____ DP: _____ Proposed Lot: <i>(if subject to new subdivision)</i> _____ Valuation roll number: _____ Section: _____ Block: _____ Survey district: _____ Building name: _____ <i>(Eg: Name of School, Hall, Motel etc)</i> Location of building within site: _____	Number of levels: _____ Level/Unit No: _____ <i>(include ground level and any levels below and above ground)</i> Number of units _____ Total floor area: _____ m ² <i>(area affected by the building work)</i> Current lawfully established use: <i>Use on previous consent for the existing building, include number of occupants per level and per use if more than 1 (i.e. multi tenancy)</i> Year building first constructed: _____ <i>(approximate date is acceptable e.g: c1920s or 1960-1970)</i> Does this property have a cable car? Yes <input type="checkbox"/> No <input type="checkbox"/>

THE OWNER
Owners name: _____ <i>(include preferred form of address, eg. Mr, Miss, Dr, if an individual)</i>
Contact person _____ <i>(If owner is not an individual)</i>
Mailing address: _____ <div style="text-align: right;">Post code</div>
Street address or registered office: _____
Contact numbers: Landline: _____
Mobile: _____ Daytime: _____
After hours: _____ Fax: _____
Email address: _____
Website: _____
The following evidence of ownership is attached to this application:
<input type="checkbox"/> Copy of current certificate of title (including Deposit Plan) <i>(< 3 months old)</i> <input type="checkbox"/> Signed copy of Sale and Purchase Agreement <input type="checkbox"/> Copy of Lease <input type="checkbox"/> Other

AGENT <i>(only use if application is being made for and on behalf of owner, agent will receive invoices)</i>
Name of agent: _____
Contact person: _____
Mailing address: _____ <div style="text-align: right;">Post code</div>
Street address or registered office: _____
Contact numbers: Landline: _____
Mobile: _____ Daytime: _____
After hours: _____ Fax: _____
Email address: _____
Website: _____
Relationship to owner: _____
Authorisation from owner attached <input type="checkbox"/>

REQUIRED ATTACHMENTS

Evidence of ownership attached to this application:

<input type="checkbox"/>	Certificate of Title	<input type="checkbox"/>	Sale and Purchase Agreement
<input type="checkbox"/>	Copy of existing Compliance Schedule		
<input type="checkbox"/>	Anything else? _____		

AMENDMENTS

Systems	Tick if change required	Amendment Required	Reason
1 Emergency Lighting System	<input type="checkbox"/>		
2 Emergency Warning System for Fire or Other Dangers	<input type="checkbox"/>		
3 Electromagnetic or Automatic Doors or Windows	<input type="checkbox"/>		
4 Emergency Lighting System	<input type="checkbox"/>		

AMENDMENTS (continued)

5 Escape Route Pressurisation	<input type="checkbox"/>		
6 Riser, Mains for Fire	<input type="checkbox"/>		
7 Automatic Back Flow Preventer connected to Potable Water Supply	<input type="checkbox"/>		
8 Lifts, Escalators	<input type="checkbox"/>		
9 Mechanical Ventilation or Air Conditioning	<input type="checkbox"/>		
10 Building Maintenance Units	<input type="checkbox"/>		
11 Laboratory Fume Cupboards	<input type="checkbox"/>		
12 Audio Loops or Other Assistive Listening Systems	<input type="checkbox"/>		
13 Smoke Control Systems	<input type="checkbox"/>		
14 Emergency Power Systems for, or signs relating to, a system or feature specified in any clauses 1 to 13	<input type="checkbox"/>		
15 Cable Car	<input type="checkbox"/>		
16 Means of Escape from Fire	<input type="checkbox"/>		
16.1 Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>		
16.2 Final Exit (as defined by A2 of the Building Code); and	<input type="checkbox"/>		
16.3 Fire Separations	<input type="checkbox"/>		
16.4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>		
16.5 Smoke separations	<input type="checkbox"/>		

Complete this section only if the building contains or will contain any of the systems above

16 Safety Barriers	<input type="checkbox"/>		
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17 Access and Facilities for People with Disabilities	<input type="checkbox"/>		
18 Hand-Held Hose Reels	<input type="checkbox"/>		
19 Such signs as are required by the Building Code or Section 120 of the Building Act 2004	<input type="checkbox"/>		

SIGNATURE

Signed by or for and on behalf of the Owner: _____

Owner Agent

Date: _____

Note: If acting "for and on behalf", please read the following declaration before signing: "I hereby declare that I am authorised to act as Agent of the Owner".