

Received By	PIM No.	
	Date Received	

## APPLICATION FOR PROJECT INFORMATION MEMORANDUM

Section 33, Building Act 2004

**Note:** Insert a tick in each applicable box, complete **all items applicable** to your project

<b>THE BUILDING</b>	
Street address: _____ <i>(Project location)</i>	Number of levels: _____ Level/Unit No: _____ <i>(include ground level and any levels below and above ground)</i>
Legal description: _____ <i>(at time of application)</i> Lot: _____ DP: _____	Number of units _____ Total floor area: _____ m <sup>2</sup> <i>(area affected by the building work)</i>
Proposed Lot: <i>(if subject to new subdivision)</i> _____ Valuation roll number: _____ Section: _____ Block: _____	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> _____
Survey district: _____ Building name: _____ <i>(Eg: Name of School, Hall, Motel etc)</i>	Year building first constructed: _____ <i>(approximate date is acceptable e.g: c1920s or 1960-1970)</i>
Location of building within site: _____	

<b>THE OWNER</b>
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: _____
Post code _____
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) (< 3 months old)
<input type="checkbox"/> Signed copy of Sale and Purchase Agreement
<input type="checkbox"/> Copy of Lease <span style="margin-left: 100px;"><input type="checkbox"/> Other</span>

<b>AGENT</b> <small><i>(only use if application is being made for and on behalf of owner, agent will receive invoices)</i></small>
Name of agent: _____
Contact person: _____
Mailing address: _____
Post code _____
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"/>
Name of designer: _____
Address: _____
Telephone no.: _____
Registration no. _____

<b>FIRST POINT OF CONTACT</b>	
<b>The Owner</b> <input type="checkbox"/>	<b>The Agent</b> <input type="checkbox"/>
<small><i>(will receive any correspondence/requests for further information <b>prior</b> to issue of consent)</i></small>	
Full name: _____	Contact numbers: Landline: _____
Mailing address: _____	Mobile: _____ Daytime: _____
_____	Fax: _____
Post code _____	Email: _____

