



# APPLICATION FOR BUILDING CONSENT AMENDMENT

## BC NUMBER \_\_\_\_\_

A new building consent is required if the proposed amendment is outside the existing consents foot print [floor plan]

<b>OWNER/AGENT</b>	
Name: _____	Signature: _____
Postal Address: _____	Date: _____
_____	Fax: _____
Phone Number: _____	Email: _____
Mobile Phone: _____	_____
Site Address: _____	_____

<b>DESCRIPTION OF PROPOSED AMENDMENT</b> Reference sheet numbers the amendment relates to [eg Sheets 3 & 8, floor plan and bracing plan – window W9 and bracing element B3 swapped. Sheet 4 western elevation – window W9 repositioned.]
_____
_____
_____
_____
_____
_____
Please note that if the amendments are considered substantial, Council may require replacement sets of all plans.

<b>ATTACHMENTS</b>
<input type="checkbox"/> Two copies of amended plan and specifications CLEARLY outlining changes

<b>Mail Invoice to:</b> [the person responsible for the account]
<input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other                      Address
<b>Mail approved amendment to:</b>
<input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other                      Address

Please return application plus \$70 lodgement fee to Building Department, Central Otago District Council, PO Box 122, ALEXANDRA. You will be charged additional fees if officers spend more than 15 minutes assessing this application for compliance with the building code.

**THIS SECTION IS FOR COUNCIL USE ONLY**

<input type="checkbox"/> Amendment Approved	
<input type="checkbox"/> A Building Consent is required for the above work	
<b>Building Control Officer:</b> _____	<b>Processing Notes:</b>
<b>Planning Officer:</b> _____	_____
<b>Date:</b> _____	_____
<b>Processing Time:</b> _____	_____
<b>Invoice Number:</b> _____	_____