



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]

OWNER/AGENT*	
Name*: _____	Signature: _____
Postal Address: _____	Date: _____
Phone Number: _____	Fax: _____
Mobile Phone: _____	Email: _____
* Attach evidence of ownership to this application. If not the owner, attach details of authorisation to lodge application on owners behalf.	

DESCRIPTION OF PROPOSED AMENDMENT	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.]
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please note that if the amendments are considered substantial, Council may require replacement sets of all plans.</p>	

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

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

Please return this application to Central Otago District Council PO Box 122 ALEXANDRA. You will be charged a \$70 lodgement fee plus an additional fee for time spent assessing the 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	
Building Control Officer: _____	Processing Notes:
Planning Officer: _____	_____
Date: _____	_____
Processing Time: _____	_____
Invoice Number: _____	_____