



Key Personnel and Licensed Building Practitioners

BC Number: _____ Signature of Owner: _____

You must provide names, addresses, telephone numbers and relevant registration numbers in writing to Council prior to booking an inspection.

You must advise us [in writing] of any change of contractor from those identified originally.

Builder Address:	Phone: Mobile: Registration No:
Brick or Block Layer Address:	Phone: Mobile: Registration No:
Drain Layer Address:	Phone: Mobile: Registration No:
Plumber Address:	Phone: Mobile: Registration No:
Gasfitter Address:	Phone: Mobile: Registration No:
Electrician Address:	Phone: Mobile: Registration No:
Engineer Address:	Phone: Mobile: Registration No:
Plasterer Address:	Phone: Mobile: Registration No:
Roofer Address:	Phone: Mobile: Registration No:
Other Address:	Phone: Mobile: Registration No:
Other Address:	Phone: Mobile: Registration No:

You can scan and email this form to advise us when you have nominated your contractors

Central Otago District Council
P O Box 122
Alexandra
Email: building@codc.govt.nz
03 440 0613