

C012 Plumbing and Drainage Application and Processing Check Sheet

Important Information for the Applicant

1. This checklist is designed to assist the applicant with the level of information that **must** be provided with the Building Consent Application.
2. When completing the form, please ensure that all sections titled "Applicant to Complete" are filled out in full.
3. If any section or specific question is not relevant to your application, this can be indicated by selecting the N/A box.
4. A suitable quality of documentation is required before CODC will accept and application for processing and granting of a building consent. For further information, please refer to the MBIE guidance document: '[Guide to applying for a building consent \(residential building\)](#)'
5. The time invested in the preparation of application documentation, including the completion of this checklist, will reduce the likelihood of unnecessary delays and requests for significant amounts of further information.
6. Failure to provide complete documentation may result in the Building Consent Application being delayed due to RFI requests or being refused outright.
7. The references (*in italics*) that have been provided relate to the subject of the item to be checked. They may, or may not, be the specific means of compliance for your project.
8. Once completed, this checklist should be submitted with all other required Building Consent Application documents in PDF format to building@codc.govt.nz

Council Use Only

Consent Number							
Processing Start Date							
Building Category	<input type="checkbox"/> Res1A	<input type="checkbox"/> Res1	<input type="checkbox"/> Res2	<input type="checkbox"/> Res3	<input type="checkbox"/> Com1	<input type="checkbox"/> Com2	<input type="checkbox"/> Com3
Processor's Name							

Property Information

Applicant to Complete

Address:

Description of work:

Form 2: Application for Building Consent

Applicant to Complete			Council Use Only			
Yes	N/A	Description	Yes	N/A	RFI	Reason for Decisions/Comments
<input type="checkbox"/>		All sections of Form 2 completed including an accurate estimate of value of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		Proof of ownership provided (<i>Certificate of title issued within the last 3 months</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Owner/Agent Authorisation provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General							
Applicant to Complete				Council Use Only			
Ref or Page No.	Yes	N/A	Description	Yes	N/A	RFI	Reason for Decisions/Comments
	<input type="checkbox"/>	<input type="checkbox"/>	Siting dimensions on site plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B2 Durability must always be considered when demonstrating compliance with each of the clauses of the Building Code. Under the clause, building materials, components and construction methods are required to be sufficiently durable. They must ensure that the building, without reconstruction or major renovation, continues to satisfy the other functional requirements of the Building Code throughout its life. B2 specifies minimum durability periods building elements must meet with only normal maintenance, being not less than 50, 15 or 5 years.

E1: Surface Water							
<input type="checkbox"/> N/A		Applicant to Complete			<input type="checkbox"/> N/A		Council Use Only
Ref or Page No.	Yes	N/A	Description	Yes	N/A	RFI	Reason for Decisions/Comments
	<input type="checkbox"/>	<input type="checkbox"/>	Sediment/erosion control plan provided where appropriate <i>(steeply sloping sites, small disturbed areas or low slope angles where affecting other property)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater type: Council reticulation, private reticulation, soak pit etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Soak pit design (if applicable): onsite testing results, calculations, type and size of soak pit <i>(refer 9.0 E1/VM1 or SED)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Provision for surface water runoff sloping sites <i>(refer para. 3.6, 6.14.3, 6.14.5, Figure 6.21 & 7.5.2.2 NZS 3604)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater drainage size and gradient <i>(refer 3.2 & 3.4 E1/AS1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater run-off - paved areas >10 m ² where run off will affect other property i.e. roadway/neighbours <i>(refer 3.6 E1/AS1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Access for maintenance (rodding points/inspection points etc.) <i>(refer 3.7 E1/AS1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Downpipes, external & internal gutter size, distribution, spreaders (to lower roof) <i>(refer Sections 4.0 & 5.0 E1/AS1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Strip drain/channel drain: connection into stormwater with silt trap or similar prior <i>(refer 3.2 E1/AS1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Public drains affected / approval, easement created or required <i>(refer to Certificate of Title & GIS Mapping)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

G12: Water Supplies

<input type="checkbox"/> N/A		Applicant to Complete		<input type="checkbox"/> N/A		Council Use Only	
Ref or Page No.	Yes	N/A	Description	Yes	N/A	RFI	Reason for Decisions/Comments
	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water supply (potable) <input type="checkbox"/> G12/AS1 <input type="checkbox"/> G12/AS2 <input type="checkbox"/> G12/VM1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Supply type: town, rainwater, bore, other water supply (potable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Water supply: access, support, overflow, HWC / header if tank in roof space (<i>refer para. 5.0</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Hot water supply system: type (electric, gas, solar), size, schematic, safe tray, seismic restraint <i>(refer para. 6.0 & Figures 7-10 & 12)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

G13: Foul Water (Sanitary Plumbing & Drainage)

<input type="checkbox"/> N/A		Applicant to Complete		<input type="checkbox"/> N/A		Council Use Only	
Ref or Page No.	Yes	N/A	Description	Yes	N/A	RFI	Reason for Decisions/Comments
Part 1: Plumbing							
	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing system identified <input type="checkbox"/> G13/AS1 <input type="checkbox"/> G13/AS3 <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Waste length to floor waste gully <i>(refer para. 4.6.7 / Table 4.6.7.2 AS/NZS 3500.2 or 3.4 G13/AS1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Waste pipe diameter, length, material, and gradients <i>(refer Table 6.2 (A), 6.5.1 & Appendix C AS/NZS 3500.2 or Table 2 & 4 G13/AS1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Part 2: Suspended & Subsoil Drainage							
	<input type="checkbox"/>	<input type="checkbox"/>	Drainage system identified <input type="checkbox"/> G13/AS2 <input type="checkbox"/> G13/AS3 <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Reticulated services: connection to public sewer shown on plans and aligns with CODC mapping or as-built plans <i>(refer GIS mapping)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Onsite waste water system: report, design and calculations provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Connection to Council services required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Drains entering other properties: Section 75 / easements details provided where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Schematic provided for above ground suspended drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Drainage main drain, branches, gradients & lengths provided <i>(refer Section 3 - 3.3.2, 3.3.2 NZS3500.2 or Table 2 G13/AS2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Venting of drains: terminal vent and unvented branch drains <i>(refer para. 3.9, Table 3.9.3.1, 3.10 – 3.12 NZS3500.2 or para. 4.0 G13/AS2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Overflow relief gullies (ORG)/Gully traps: location and charged <i>(refer para. 4.6.6 AS/NZS 3500.2 or 3.3 G13/AS2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Floor waste gullies are charged by fixture in same room or tundish <i>(refer para. 4.6.7 & 4.6.8 AS/NZS 3500.2 or 3.4.6 G13/AS1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Access points (i.e. inspection points, rodding points etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

			<i>(refer Section 4.7 AS/NZS 3500.2 or para 5.7 G13/AS2)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	Angle of influence, depth and proximity of drain to building <i>(refer Section 5 NZS3500.2 or 5.0, Figure 7 & 8 G13/AS2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing pipes not running through point load pad or slab thickenings <i>(cross-check against truss plan or engineering's drawings)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Applicant Declaration

Declaration: I am satisfied that the Building Consent Document submitted together with the Checklist meet the 'suitable quality' requirement defined in the checklist and are complete and accurate as required by Section 45 of the Building Act 2004 and Central Otago District Council.

Name:

Date:

Council Use Only – Final Sign Off

REFUSED

I am NOT satisfied that the Building Consent Application documentation received demonstrates compliance with the Building Code, and the Building Consent/Amendment is therefore recommended for refusal under Section 50 for the Building Act 2004.

Processing Officer Sign-off:

Date:

APPROVED

I am satisfied 'on reasonable grounds' that the Building Consent documentation to be stamped 'Approved' demonstrates compliance with the Building Code, and the Building Consent/Amendment is approved and ready for granting, as per Section 49 of the Building Act.

Processing Officer Sign-off:

Date:

Council Use Only – Peer Review (if required)

Peer Review Sign-off:

Date:

Comments: