



Application to Amend Compliance Schedule No. «Fig»

Form Fm 11 (1 page)

Provided in accordance with Section 106 of the Building Act 2004

Building Owner/Agent
Owner's Name: (full name please, no initials)
Owner's Agent:
Address:
Telephone No: Fax No: Cellphone No: Email Address:

The Building
Rapid No:
Street Location:
Legal Description:
Valuation No:
Building Use:
Maximum occupancy: (C/Schedule > Mar 05).....
Approximate Year Constructed: (If known).....

The specified systems being removed or added to an existing Compliance Schedule are identified in the table below as (- removal and + additional)
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Note: Certificates relating to inspection, maintenance and reporting by the IQP, plus recommendation for amendment to the Compliance Schedule are to be attached to this application and forwarded to Council			
CS1 Automatic systems for fire suppression such as sprinkler systems	CS2 Automatic or manual emergency warning systems for fire or other dangers (other than a single household unit)	CS3 Electromagnetic or automatic doors/windows that close on fire alarm activation	
CS4 Emergency lighting systems	CS5 Escape route pressurisation systems	CS6 Riser main for Fire Service use	
CS7 Any automatic backflow preventer connected to potable water supply	CS8 Lifts, escalators, travelators or similar systems	CS9 Mechanical ventilation or air conditioning system servicing all major parts of the building	
CS10 Building maintenance units providing access to the exterior/interior of buildings	CS11 Laboratory fume cupboards	CS12 Audio loops or other assistance listening systems	
CS13 Smoke control systems	CS14 Emergency power systems for, or signs relating to systems or features specified in CS1-CS13	CS15 Means of escape from fire	
CS16 Safety barriers	CS17 Means of access and facilities for use by persons with disabilities	CS18 Hand held hose reels for fire fighting	
CS19 Any signs that are required by the NZ Building Code for fire or access by persons with disabilities			

Signed by or on behalf of the owner
Relationship to owner:

Signature:
Date: