

APPLICATION FOR CODE COMPLIANCE CERTIFICATE (FORM 6)

Section 92, Building Act 2004

WHAT IS A CODE COMPLIANCE CERTIFICATE?

A code compliance certificate (CCC) is a formal statement issued under section 95 of the Building Act 2004, that building work carried out under a building consent complies with that building consent.

- The property owner must apply for a CCC after all work set out in the building consent approval has been completed. The owner doesn't need to make the application themselves and can use an agent to assist them.
- The CCC is issued if the building work complies with the building consent.
- Under normal circumstances, only the building consent authority (BCA) that granted the building consent can issue the CCC.
- If no application is made before the expiry of two years from the date the building consent was granted, the building consent authority must decide whether to issue the CCC. The BCA and the owner can agree to extend the timeframe.
- Interim CCCs cannot be issued.
- It is an offence to use or permit the use of public premises affected by building work that has no CCC, Certificate for Public Use or Certificate of Acceptance.

HOW TO APPLY

As a minimum, the documents listed below must be included in your application. Depending type of application, additional documents might be required or requested while the Council / BCA process your application.

- Proof of ownership
- Certificates issued by licensed building practitioners that state what restricted building work they carried out or supervised.
- Certificates relating to any gas fitting or prescribed electrical work (energy work) that has been carried out.

When a Council/BCA receives a complete CCC application, they have 20 working days to decide whether to issue the CCC.

HOW TO SUBMIT YOUR APPLICATION

Check with the Council/BCA you are applying to for more information on how to submit your application. Electronic submissions may be available with the relevant Council/BCA on the simpli.govt.nz website.

APPLICATION FOR CODE COMPLIANCE CERTIFICATE (FORM 6)

Official Use Only

Section 92, Building Act 2004

1. THE BUILDING CONSENT

Consent Number:	
Issued by:	
What is the address?	
All building work to be carried out under the building consent specified on this form was completed on:	

2. OWNER AND AGENT INFORMATION

Owner		Agent <i>If the application is made on behalf of the owner</i>	
Name of Owner: <i>Include title</i>		Name of Agent:	
Contact person: <i>If not an individual</i>		Contact person: <i>If not an individual</i>	
Email:		Relationship to owner:	
Mobile:		Email:	
Alternative Phone:		Mobile:	
Street address:		Alternative Phone:	
Mailing Address: <i>If different from street address</i>		Street address:	
		Mailing Address: <i>If different from street address</i>	

The first point of contact:	<input type="checkbox"/> Agent	<input type="checkbox"/> Owner
Who should we contact for invoicing?:	<input type="checkbox"/> Agent	<input type="checkbox"/> Owner
The CCC should be sent to:	<input type="checkbox"/> Agent	<input type="checkbox"/> Owner
Payee name for invoicing:		

3. WHO WAS INVOLVED?

If you have additional roles to add, please use the table in Appendix A. Include LBPs and tradespeople who carried out building work other than restricted building work.

Name:		Entity or Company:	
Licensing class/ Role:		LBP or Registration number:	
Email:			
Street Address:		Mailing Address: <i>If different from street address</i>	
Contact numbers	Mobile:		Other:
Work carried out/supervised	<input type="checkbox"/> Work carried out <input type="checkbox"/> Supervised	Record of work from LBP attached?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Name:		Entity or Company:	
Licensing class/ Role:		LBP or Registration number:	
Email:			
Street Address:		Mailing Address: <i>If different from street address</i>	
Contact numbers	Mobile:		Other:
Work carried out/supervised	<input type="checkbox"/> Work carried out <input type="checkbox"/> Supervised	Memorandum from LBP attached?	<input type="checkbox"/> No <input type="checkbox"/> Yes

4. COMPLIANCE SCHEDULE

Are there any specified systems in the building? *Residential cable cars are considered specified systems, see SS16*

- Yes No – Go to section 5

You need to provide information on the specified systems contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent.

Are you attaching a separate document to meet the requirements above?

- Yes – Go to next section No – Capture the details of the specified systems below

For more information on how to complete this section, see MBIE's [Compliance Schedule Handbook](#)

What is the existing compliance schedule number? <i>(if applicable)</i>	
Risk Group: <i>(for more information, see C/AS2)</i>	
Total occupancy numbers:	
Highest fire hazard category for building use <i>(insert number)</i>	

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:

Specified System	Existing	Altered	Added / New	Removed	n/a	Performance Standards	Inspection	Maintenance	Reporting	Responsibility
						<i>Acceptable Solution, Verification Method, Standard or specific document</i>	<i>Inspection Procedures may be identified by a written description, or a reference to a Standard or other document</i>	<i>Maintenance procedures may be identified by a written description, or a reference to a Standard or other document</i>	<i>Reporting procedures may be identified by a written description, or a reference to a Standard or other document</i>	<i>List persons/ companies for the adjacent procedures</i>
SS1 Automatic system for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS2 Automatic or manual emergency warning systems for fire or other dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Specified System	Existing	Altered	Added / New	Removed	n/a	Performance Standards	Inspection	Maintenance	Reporting	Responsibility
SS3 Electromagnetic or automatic doors or windows										
SS3.1 Automatic doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS3.2 Access control doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS3.3 Interfaced fire or smoke doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS4 Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS5 Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS6 Riser mains for use by fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Specified System	Existing	Altered	Added / New	Removed	n/a	Performance Standards	Inspection	Maintenance	Reporting	Responsibility
SS7 Automatic backflow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS8 Lifts, escalators, travellers, or other systems for moving people or goods within buildings										
SS8.1 Passenger-carrying lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS8.2 Service lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS8.3 Escalators and moving walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS9 Mechanical ventilation or air-conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS10 Building maintenance units providing access to exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS11 Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

SS12 Audio loops or other assistive listening systems										
SS12.1 Audio loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS12.2 FM radio frequency and infrared beam transmission systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS13 Smoke control systems										
SS13.1 Mechanical smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS13.2 Natural smoke control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS13.3 Smoke curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS14 Emergency power systems for, or signs relating to, a system or feature specified in SS1-13										
SS14.1 Emergency power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS14.2 Signs for systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Specified System	Existing	Altered	Added / New	Removed	n/a	Performance Standards	Inspection	Maintenance	Reporting	Responsibility
SS15 Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1 to 6, 9, and 13:										
SS15.1 Systems for communicating spoken information intended to facilitate evacuation; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS15.2 Final exits As defined by clause A2 of the building code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS15.3 Fire separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS15.4 Signs for communicating information intended to facilitate evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS15.5 Smoke separations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SS16 Cable car <i>All buildings with a cable car, including single residential buildings, require a compliance schedule.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

5. HAVE YOU ATTACHED ALL THE REQUIRED DOCUMENTS?

Please include the following document as part of your application. Additional documents might be requested as part of the assessment of your application. Incomplete applications may be returned unprocessed.

Proof of ownership

- Copy of Record of Title
- Copy of Lease Agreement
- Agreement for Sale & Purchase
- Other document showing the full name of the legal owner
- Memorandum from Licensed Building Practitioner – Record of Building Work (Form6A)**
(for each type of building work completed)
- Certificates relating to energy work**
- Evidence that specified systems are capable of performing to the performance standards set out in the building consent**
- Other documents from personnel who carried out the work**
- Any other documents as specified in your building consent approval letter**

If the design features a modular component by an accredited manufacturer as per the [BuiltReady](#) scheme, please also include the following documents.

- Current manufacturer's certificate(s)**

6. APPLICATION FEES

The Council/ Building Consent Authority (BCA) may charge a fee for your application and any subsequent work involved in processing your application.

7. ACKNOWLEDGEMENTS

The information you have provided on this form is required so that your application or the building consent it relates to can be processed under the Building Act 2004. The Council, Territorial Authority (TA) or Building Consent Authority (BCA) collates statistics relating to building work and has a statutory obligation to provide information to third parties. The information is stored on a public register, which must be supplied to whoever requests the information. Under the Privacy Act 2020, you have the right to see and correct personal information the Council, TA and BCA hold about you.

In providing this information, you agree to your details being used for customer surveys carried out by the Council, TA or BCA.

All the information contained in the application is, to the best of my knowledge, true and correct.

I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004.

- I understand that this application may only be made with the owner's approval.

Full name:	
Signature: <i>Digital signatures acceptable</i>	
Date:	

Appendix A – List of those involved in the build

Complete if additional space is required for Section 4

Name:		Entity or Company:	
Licensing class/ Role:		LBP or Registration number:	
Email:			
Street Address:		Mailing Address: <i>If different from street address</i>	
Contact numbers	Mobile:		Other:
Work carried out/supervised	<input type="checkbox"/> Work carried out <input type="checkbox"/> Supervised	Record of work from LBP attached?	<input type="checkbox"/> No <input type="checkbox"/> Yes

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Work carried out/supervised	<input type="checkbox"/> Work carried out <input type="checkbox"/> Supervised	Record of work from LBP attached?	<input type="checkbox"/> No <input type="checkbox"/> Yes