



Application Form Independent Qualified Person

Section 100-110 Building Act 2004

| | | |
|------------------|-------|--------------|
| Applicants Name: | | |
| Company: | | |
| Postal Address: | | |
| | | |
| Phone: | | Fax: |
| Mobile: | | Email: |

I/We hereby apply for acceptance by the Wanganui District Council as an Independent Qualified Person to report on the following building features:
(An initial base fee of \$133.00 is payable for each application, plus \$20.00 per feature applied for, where a feature type is broken down in e.g. 3/1, 3/2 3/3 etc. only one fee of \$20.00 per feature shall be payable for feature type3 etc.)

Building Act 2004 (implemented 1 April 2004)

| Feature Type | Tick Here | \$ |
|---|--------------------------|----|
| 1. Automatic systems for fire suppression (for example, sprinkler systems) | <input type="checkbox"/> | |
| 2. Automatic or manual emergency warning systems for fire or other dangers | <input type="checkbox"/> | |
| 3/1. Automatic doors | <input type="checkbox"/> | |
| 3/2. Access control doors | <input type="checkbox"/> | |
| 3/3. Interfaced fire of smoke doors or window | <input type="checkbox"/> | |
| 4. Emergency lighting systems (if you apply for this feature you should also apply for 15/2) | <input type="checkbox"/> | |
| 5. Escape route pressurisation systems | <input type="checkbox"/> | |
| 6. Riser mains for Fire Service use | <input type="checkbox"/> | |
| 7. Any automatic back-flow preventer connected to a potable water supply | <input type="checkbox"/> | |
| 8/1. Passenger lifts | <input type="checkbox"/> | |
| 8/2. Service lifts | <input type="checkbox"/> | |
| 8/3. Escalators and moving walks | <input type="checkbox"/> | |
| 9. Mechanical ventilation or air-conditioning systems | <input type="checkbox"/> | |
| 10. Building maintenance units for providing access to the exterior and interior walls of buildings | <input type="checkbox"/> | |
| 11. Laboratory fume cupboards | <input type="checkbox"/> | |
| 12/1. Audio loops | <input type="checkbox"/> | |
| 12/2. FM radio systems and infrared beams | <input type="checkbox"/> | |

| Feature Type continued | Tick Here | \$ |
|---|--------------------------|-----------------|
| 13/1. Mechanical smoke control | <input type="checkbox"/> | |
| 13/2. Natural smoke control | <input type="checkbox"/> | |
| 13/3. Smoke curtains | <input type="checkbox"/> | |
| 14/1. Emergency power systems. | <input type="checkbox"/> | |
| 14/2. Signs (required if you apply for features from 1 – 13) | <input type="checkbox"/> | |
| 15/1. Systems for communication to facilitate evacuation | <input type="checkbox"/> | |
| 15/2. Final exits | <input type="checkbox"/> | |
| 15/3. Fire separation | <input type="checkbox"/> | |
| 15/4. Signs that form part of means of escape (required if you apply for features 14 – 15) | <input type="checkbox"/> | |
| 15/5. Smoke Separation | <input type="checkbox"/> | |
| P1. Means of escape | <input type="checkbox"/> | |
| P2. Safety barriers | <input type="checkbox"/> | |
| P3. Access and facilities for use by persons with disabilities | <input type="checkbox"/> | |
| P4. Hose reels and/or extinguishers | <input type="checkbox"/> | |
| P5. Signs – any signs that are required by the Building Act (required if you apply for features from P1 – P4) | <input type="checkbox"/> | |
| Total Features required under Building Act 2004 | | |
| Base Fee – Paid with all Application | | \$133.00 |
| Total Fee Payable | | |

Copies of all necessary qualifications and references in respect of the features are attached to this application. I hereby affirm that all details supplied are accurate and true.

Signed: _____ Date:/...../.....



Application Form

Part B : Qualifications and Experience

Name (in full):

Note : For other than individual applicants, i.e. companies, corporations etc, the information required in Parts B and C should be supplied in respect of an individual within the organisation appropriately qualified to inspect and maintain each system or feature for which acceptance is sought. (Please copy this as necessary).

| Qualifications by Examination | Granted By | Date Granted | |
|---|----------------------------|--------------|---------------|
| | | | |
| Membership of Professional Institutions and Technical Organisations | | | Date Admitted |
| | | | |
| Qualification by Training Not Included above (Apprenticeships, Courses etc) | Organised or Supervised By | From | To |
| | | | |
| Refresher Courses Not Included Above | Organised or Supervised By | From | To |
| | | | |
| Experience | From | To | |
| | | | |

Appropriate documented confirmation of the above is required and should accompany the application.



Part C : Supporting Statements

Supporting technical references attached from individuals, professional or technical institutions, clients, etc (a minimum of three covering all systems or features for which acceptance is sought). Referees may be contacted during the processing of the application.

| Name and Address | System or Feature To Which the Feature Relates |
|------------------|--|
| | |

Brief summaries attached, outlining the procedures to be adopted in the inspection and maintenance of each feature or system for which acceptance is sought, together with advice as to the relevant New Zealand standards, technical documents etc, against which performance would be checked.

Part D : Insurance

Public Liability or Professional Indemnity Insurance Held Relative to the Role of an Independent Qualified Person.

| Type of Cover | Amount | Insurer | Significant Exclusions |
|---------------|--------|---------|------------------------|
| | | | |

Signed: (Applicant) Date:/...../.....