**Application for extension of time to commence or complete building work**

Requested under section 52 and section 93 of the Building Act 2004

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| **THE BUILDING** |
|  |
| Building consent number: |  | Date Issued: |  |  |
|  |
| Street address of building: |  |  |
|  |
| Legal description of land where building is located: |  |  |
|  |
| **THE OWNER** |
|  |
| Name of owner: *(Include preferred form of address e.g. Mr, Miss, Dr if an individual)* |  |  |
|  |
| Mailing address: |  | Postcode: |  |  |
|  |  |  |
|  |
| Phone number: Work |  | After hours: |  |  |
|  |
| Facsimile number: |  | Mobile: |  |  |
|  |
| Email address: |  |  |
|  |
| **CONTACT PERSON** (if different from above) |
|  |
| Name of contact: |  |  |
|  |
| Mailing address: |  | Postcode: |  |  |
|  |  |  |
|  |
| Phone number: Work |  | After hours: |  |  |
|  |
| Facsimile number: |  | Mobile: |  |  |
|  |
| Email address: |  |  |
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| Applicant: Please email this form to one of the following;* *“your building consent number”***@kdc.abcs.co.nz** *(Example only.* ***18000@kdc.abcs.co.nz****)*, or
* **buildingsupport@kaipara.govt.nz**
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| **EXTENSION OF TIME TO COMMENCE WORK** *(section 52 of the Building Act 2004)* |
| Please explain why an extension is required to commence work; note extensions are considered on a case-by-case basis for a maximum period of 12 months. (Attach letter if insufficient space to record reasons) |
|  |  |  |
|  | When do you expect the building work to commence? |  |  |
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| **EXTENSION OF TIME TO COMPLETE WORK** *(section 93 of the Building Act 2004)* |
| Please explain why an extension is required to complete work; note extensions are considered on a case-by-case basis. (Attach letter if insufficient space to record reasons) |
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|  | When do you expect the building work to be completed? |  |  |
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| **WHAT THE BUILDING ACT 2004 SAYS** |
| **Building Consent s.52:** A building consent **lapses and is of no effect** if the building work to which it relates **does not commence** within;a) 12 months after the date of issue of the building consent; orb) Any further period that the building consent authority may allow**Code Compliance Certificate (CCC) s.93:** (1) A building consent authority must decide whether to issue a CCC for building work to which a building consent relates within;(2)(b)(i) 2 years after the date on which the building consent for the building work was granted; or (ii) any further period that may be agreed between the owner and the building consent authority concerned. |
| **SIGNATURE** |
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|  |
| Name: |  |  |

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|  |
| Signature: |  | Owner: |[ ]  Agent: |[ ]  Date: |  |  |
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| If you are signing this application on behalf of a company/trust/other entity (the agent), you are deciding that you are duly authorised to sign on behalf of the owner to make this application. |
| For Extension Fee: Please refer to current [Fees and Charges](https://www.kaipara.govt.nz/) under the website section “PAY IT” |

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| **COUNCIL USE ONLY** *(tick box as applicable)* |
|  |
| **EXTENSION TO COMMENCE BUILDING WORK** |
|  |
| Extension of time to **COMMENCE** building work |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Have there been any changes to the Building Code or legislation, which affect this application? |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Is a certificate for public use required? (Commercial only) |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Are there any other safety issues or concerns? |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Is a site visit required to verify details? |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Revised commencement date: | Click here to enter a date. |  |
| Reason for decision: |
|  |  |  |
|  |
| **EXTENSION TO COMPLETE BUILDING WORK** |
|  |
| Extension of time to **COMPLETE** building work |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Have there been any changes to the Building Code or legislation, which affect this application? |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Is a certificate for public use required? (Commercial only) |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Are there any other safety issues or concerns? |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Is a site visit required to verify details? |[ ]  YES |[ ]  NO |[ ]  NA |  |
| Revised completion date: |  |  |
| Reason for decision: |
|  |  |  |
|  |
| **AUTHORISING SIGNATURE** |
|  |
|  |
| Name: |  |  |

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|  |
| Signature: |  |  |  | Date: |  |  |
|  |