



Application for Amendment to Compliance Schedule Form 11

Project N°
Date received

Section 106, Building Act 2004

Items marked * are mandatory for all applications.

1. The Building

Street address			
Legal description*	Lot		DP
Rapid number/property ID			
Building name (if applicable)			
Location of building within site/block number (Include nearest street access)			
Level / unit number			Number of levels
Current, lawfully established use			
Approx. year building was first constructed			

2. The Owner

Name of owner*			
Contact person (if owner is a company)			
Mailing/billing address*			
Street address/ registered office			
Telephone numbers	Landline		Mobile
	Daytime		After hours
Email address			
Website address (if applicable)			
Evidence of ownership			
<i>A copy of certificate of title, lease, agreement for sale and purchase, or other document showing the full name of legal owner(s) of the building.</i>			
First point of contact for communications with the Council	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Document Ref:	Document Name:	Version	QAM Author	Release Date	Review Date	Page
3120.11	Form 11 Amendment to CS T-05f11	2.0	QAM	January 2021	January 2023	1 of 3

3. The Agent *(only required if the application is being made on behalf of the owner)*

Name of agent			
Contact person <i>(if agent is a company)</i>			
Mailing/billing address			
Street address/ registered office			
Telephone numbers	Landline		Mobile
	Daytime		After hours
Email address			
Website address <i>(if applicable)</i>			
Relationship with owner			
<i>State details of authorisation from owner to make the application on the owner's behalf.</i>			
First point of contact for communications with the Council			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Application

I request that the compliance schedule for the above building be amended as follows:

Specified System	Amendment	Reason <i>(State why amendment is required to ensure that the specified system meets the performance standards)</i>

If the first point of contact for communications with the Council is different from the owner of agent (please specify full name, mailing address, telephone numbers(s), fax number and email address:

5. Attachments

The following documents are attached to this application

<input type="checkbox"/>	Copy of existing compliance schedule
<input type="checkbox"/>	Evidence of ownership* (<i>certificate of title, lease, agreement for sale and purchase, or other document showing full name of legal owner(s) of the building</i>)
<input type="checkbox"/>	Other (<i>specify</i>)
<input type="checkbox"/>	Application fee* (<i>deposit</i>)

6. Other notes or comments which you, as the applicant, may wish to add:

7. The Application (*signatory*)

Signed by* (<i>signature</i>)		Date	
Full Name*			
I am the*	<input type="checkbox"/> Owner	<input type="checkbox"/> Agent on behalf of, and with the authority of, the owner	