

# Building Warrant of Fitness

## Section 108, Building Act 2004

### **A** The Building

Street Address: .....

Legal Description: Lot: ..... DP: .....

Building Name: [If applicable] .....

Location within site/block: .....

Number of levels: ..... Level/Unit No: [If applicable] .....

Current lawfully established use .....

Year first constructed ..... Intended life of building if less than 50 years .....years

Highest fire hazard category for building use ..... Maximum number of occupants .....

### **B** The Owner

Name: .....

Contact Person: .....

Mailing Address: .....

Street Address: .....

Ph: ..... Mob: .....

Fax: ..... After hrs: .....

Email: ..... Website: .....

### **C** Agent (only required if warrant is supplied on behalf of the owner)

Name: .....

Contact Person: (delete if agent is an individual) .....

Mailing Address: .....

Ph: ..... (home) Ph: ..... (work) Mob: .....

Fax: .....

Email: .....

Relationship with Owner: .....

I, the owner, authorise ..... (the agent) to act as the Agent for this application.

Signed ✕ \_\_\_\_\_ (the Owner) Date \_\_\_\_\_

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## D First Point of Contact

First point of contact for communications with the council/building consent authority shall be: [✓]

- Owner  Agent

## E Warrant

The inspection, maintenance, and reporting procedures of the compliance schedule for the above building have been fully complied with during the 12 month period prior to the date stated below.

The compliance schedule is kept at : .....

## F Compliance Schedule: [✓]

- There are no specified systems or features in this building

The specified systems and features for this building are as follows:	
<input type="checkbox"/> SS1 Automatic Systems for Fire Suppression	<input type="checkbox"/> SS11 Laboratory fume Cupboard
<input type="checkbox"/> SS2 Emergency Warning Systems	<input type="checkbox"/> SS12 Audio loops or other assistive listening systems
<input type="checkbox"/> SS3/1 Electromagnetic or Automatic Doors or Windows	<input type="checkbox"/> SS13/1 Mechanical Smoke Control
<input type="checkbox"/> SS3/2 Access Controlled Doors	<input type="checkbox"/> SS13/2 Natural Smoke Control
<input type="checkbox"/> SS3/3 Interfaced fire or Smoke Doors or Windows	<input type="checkbox"/> SS13/3 Smoke curtains
<input type="checkbox"/> SS4 Emergency Lighting	<input type="checkbox"/> SS14/1 Emergency Power System
<input type="checkbox"/> SS5 Escape Route Pressurisation Systems	<input type="checkbox"/> SS14/2 Signs in relation to specified systems 1-13
<input type="checkbox"/> SS6 Riser Main for use by Fire Service	<input type="checkbox"/> SS15/1 Systems for Communicating spoken information for evacuation
<input type="checkbox"/> SS7 Automatic Back-flow Preventers	
<input type="checkbox"/> SS8/1 Passenger-Carrying Lifts	<input type="checkbox"/> SS15/2 Final Exits
<input type="checkbox"/> SS8/2 Service Lifts	<input type="checkbox"/> SS15/3 Fire Separations
<input type="checkbox"/> SS8/3 Escalators, Travelators, or other systems for moving people or goods within Buildings	<input type="checkbox"/> SS15/4 Signs for communicating information for evacuation
<input type="checkbox"/> SS9 Mechanical Ventilation or Air Conditioning System	<input type="checkbox"/> SS15/5 Smoke Separations
<input type="checkbox"/> SS10/1 Building Maintenance Units providing access	<input type="checkbox"/> SS16/1 Cable Car
<b>Section 103 Building Act 2004:</b>	
<input type="checkbox"/> Means of escape from Fire	<input type="checkbox"/> Fire Hose Reels for fire fighting
<input type="checkbox"/> Safety Barriers	<input type="checkbox"/> Any Signs that are required by the NZ Building Code or Section 120 of the NZ Building Act 2004
<input type="checkbox"/> Access and Facilities for People with Disabilities	

## G Attachments: [✓]

- Certificates relating to inspections, maintenance, and reporting  
 Recommendations for amendments to the compliance schedule

.....  
 Signature of owner or agent on behalf of and with the authority of the owner

Name: .....

Date: .....

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