

Building Warrant of Fitness Report and Declaration (B-RaD)

1. THE BUILDING *[Complete ALL fields on this form. Put N/A if not applicable.]*

Street Address of building:

Legal description of land where building is located: Lot(s): DP/S:

Building Name:

Location of building within site / block number: Level / Unit Number:

Current, lawfully established, use: (NZBC A1)

Year first constructed: Intended life of the building if 50 years or less years.

Highest fire hazard category for building use: [state number] Risk Group

Occupant Load Activity (Change of Use Regulations)

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

Compliance Schedule Anniversary Date: Compliance Schedule No.:

2. THE OWNER

Name of Owner / Company:

Contact person *[If the Owner is NOT an individual]*:

Mailing address:

Street address / registered office:

Phone Number:
Landline:
Mobile:
Daytime:
After hours:

Email address:

Invoice to: Owner Agent

First point of contact: Owner Agent

3. AGENT *[only required if application is being made on behalf of the owner]*

Name of Agent / Company:

Contact person *[If the Owner is NOT an individual]*:

Mailing address:

Street address / registered office:

Phone Number:
Landline:
Mobile:
Daytime:
After hours:

Email address:

Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf]

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