

NOTICE OF REMOVAL OF UNREINFORCED MASONRY OR CONCRETE CHIMNEY

For schedule 1k Exemption Building Act 2004.

You can send or deliver this form to:

Building Compliance and Consents, Wellington City Council,
PO Box 2199, 101 Wakefield Street, Wellington.

For enquiries, phone 801 4311.

bcc@wcc.govt.nz

OFFICE USE ONLY

Application number

Property ID

THE BUILDING (project location)

Building name (if applicable)

Building street address (property address)

PERSON COMPLETING FORM

Name of person completing form

Phone

Email

THE OWNER (must be completed and all details must be the owner's)

Owner's name (for individuals, state the preferred form of title, eg Mr, Mrs, Ms, Miss, Dr. For companies, trusts and other organisations provide a contact person's name)

Address

Date

Landline

Mobile

After hours

Fax

Email

LICENSED BUILDING PRACTITIONER ENGAGED TO CARRY OUT CHIMNEY REMOVAL

- I am the carpentry licensed building practitioner who has assessed the work and have been engaged to complete the work. I confirm that, in my view, the work complies with the conditions set out in the Council's exemption under clause 1(k) of Schedule 1 of the Building Act 2004 for this work.
- I confirm that I have explained to the owner that this process will avoid the need to obtain a building consent, and accordingly will not involve any Council inspections of the work. I have also explained that this notice will be placed on the Council's file as a record of the work undertaken.
- I have completed the report on work to be done on page two of this form.
- I have confirmed with the planning team by calling a planner on 801 3590 or by emailing Bus.Planning@wellington.govt.nz that there are no resource consent issues involved in removing the chimney.**

Note: some chimneys will require resource consent approval before it can be demolished.

Name

Signature

Registration number (Carpentry licensed building practitioner)

Date

REPORT BY THE CARPENTRY LICENSED BUILDING PRACTITIONER ON ALL WORK TO BE DONE INCLUDING EXPECTED START AND FINISH DATE.

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LBP(s) checked All okay Yes No

Comments

Date issued