

# Application to request an exemption from requirement to carry out seismic work

(Section 133AN of the Building Act)

Use this form if you are requesting an exemption to carry out seismic work for a building or part of building subject to an EPB notice

Email your completed application form to our seismic performance team at:

[EQBProject@aucklandcouncil.govt.nz](mailto:EQBProject@aucklandcouncil.govt.nz)

## THE BUILDING

Street address of building:

Legal description of land where building is located:

EPB notice number:

Date issued:

## THE OWNER

Name of owner: *(Include preferred form of address e.g. Mr, Miss, Dr if an individual)*

Contact person: *(Insert n/a if the applicant is an individual)*

Mailing address:

Postcode:

Street address/registered office:

Phone number: Work

Mobile:

Email address:

## THE AGENT

Name of agent:

Contact person:

Mailing address:

Postcode:

Street address/registered office:

Phone number: Work

Mobile:

Email address:

## BILLING

All related invoices/refunds to be billed to:

Owner:

Agent:

Preferred method of billing:

Email:

Post:

Purchase order / Reference number: *(if applicable)*

**Please note:** any refunds are paid to the receipted name unless written authorisation has been received from the receipted person or company stating otherwise

**DESCRIPTION OF EARTHQUAKE PRONE BUILDING OR PART FOR WHICH EXEMPTION IS BEING CLAIMED AND EXPLANATION OF THE REASON WHY**

Evidence that your building or part has all the characteristics required by the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005, Regulation 10(2)

Regulation 10(2)(a) *[Provide a descriptive statement]*

Regulation 10(2)(b) *[Provide a descriptive statement]*

Regulation 10(2)(c) *[Provide a descriptive statement]*

Regulation 10(2)(d) *[Provide a descriptive statement]*

Regulation 10(2)(e) *[Provide a descriptive statement]*

Regulation 10(2)(f) *[Provide a descriptive statement]*

I understand an exemption can only be granted if an earthquake-prone building (or part) has all the characteristics in Regulation 10(2) above

Signature:

Owner:

Agent:

Date:

**OFFICE ONLY USE**

Receipt No:	
Date:	

Area Office		
<input type="checkbox"/> Central	<input type="checkbox"/> Northwest	<input type="checkbox"/> Southern