



Application for Extension of time Lapsed Building Consents

Building Consent Number: _____
Project Address: _____
Project Description: _____

Reason Extension: _____

Length of Time Requested: _____
NAME AND PHONE NUMBER OF CONTACT ON SITE: _____

Please provide details of the current stage of the building project: _____

Please detail the type of exterior cladding system: _____

Last inspection type and date: _____

Applicant's Name: _____
Address: _____
Phone: _____ Email: _____
Signature: _____ Date: _____

OFFICE USE ONLY

Account Code: 7210

Cost: \$50

Extension Granted Yes No till: _____

Receipt Number: _____ Date: _____