



**Government of the Cook Islands
INFRASTRUCTURE COOK ISLANDS**

Te Tango Angaanga o te Kuki Airani

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**Schedule 1
Application for building permit**

This application is made under section 12 of the Building Controls and Standards Act 1991 and regulation 5 of the Building Controls and Standards Regulations 1991.

Date received: _____ Application No: _____

Owner

Name: _____

Alternative contact: _____

Mobile No: _____ Landline No: _____

Email address: _____

Agent *(required if the application is being made on behalf of the owner)*

Name: _____

Company name: _____

Mobile No: _____ Landline No: _____

Email address: _____

Attached letter from the owner giving permission

Application type *(tick whichever apply)*

<input type="checkbox"/>	Building permit—new build
<input type="checkbox"/>	Building permit—renovation (where the footprint of the existing building does not change)
<input type="checkbox"/>	Building permit—extension (the footprint of the existing building will change)
<input type="checkbox"/>	Amendment to a building permit. Insert existing permit no.:

Building class (select which class your building falls under)

<input type="checkbox"/>	Class 1	Residential dwelling; hostel for not more than 12 persons	<input type="checkbox"/>	Class 7a	Building for storage, display of goods or produce;
			<input type="checkbox"/>	Class 7b	Public carpark
<input type="checkbox"/>	Class 2	Building containing 2 or more units, tourist accommodation comprising multi rooms, units, or apartments	<input type="checkbox"/>	Class 8	Laboratory; building for production, repair, cleaning for trade, sale
<input type="checkbox"/>	Class 3	Hostel (13+ persons); residential part of motel, school or health care building; aged or disabled care accommodation	<input type="checkbox"/>	Class 9a	Health-care building
			<input type="checkbox"/>	Class 9b	Assembly building
<input type="checkbox"/>	Class 4	Single dwelling inside a building that is class 5, 6, 7, 8, or 9	<input type="checkbox"/>	Class 10a	Carport; private garage; shed
<input type="checkbox"/>	Class 5	Office building	<input type="checkbox"/>	Class 10b	Fence; mast, antenna; retaining or free-standing wall; swimming pool
<input type="checkbox"/>	Class 6	Shop, café, restaurant, hairdressers			

Additional information about the build

Number of floor levels:		Total floor area m ² :	
Description of building work e.g. concrete block house, timber frame house:			
Intended use:		Estimated cost of the building:	
Estimated start date:			

Renovation

Will the building work result in a change of use?	Yes/No	(If yes, you need to apply for a certificate of suitability)
Current established use:		
Details of new use:		
Estimated cost of the renovation/extension:		

Extension

Will the building work result in a change of use?	Yes/No	(If yes, you need to apply for a certificate of suitability)
Current established use:		
Details of new use:		
Estimated cost of the renovation / extension:		

Project information (tick which matters below are involved in the project)

<input type="checkbox"/>	Subdivision	<input type="checkbox"/>	Building work over or adjacent to any road or public place. You must apply for a permission to use public places
<input type="checkbox"/>	Alterations to land contours	<input type="checkbox"/>	Disposal of stormwater or wastewater
<input type="checkbox"/>	New or altered location on the site and/or external dimensions of buildings	<input type="checkbox"/>	Building work over any existing drains or in close proximity to wells or water mains
<input type="checkbox"/>	New or changed driveway for vehicles	<input type="checkbox"/>	Other matters known to the applicant that may require authorisations from Building Control (please specify below)

Attachments (the following documents must be attached to this application)

Building	
<input type="checkbox"/>	Site plan (to scale) that shows the site of the proposed building along with any future extensions planned, the streets, public places, private accessways, location of power poles, power cables and the like
<input type="checkbox"/>	Site plan showing the location of the house on the site, use of each room, and location of the wastewater treatment system
<input type="checkbox"/>	Complete working drawings showing structural details, plumbing, sanitation and earthworks
<input type="checkbox"/>	Architectural drawings that show the use of each room, fire exits, and escape routes
<input type="checkbox"/>	Structural design criteria used ie wind, other design loadings, properties of materials
<input type="checkbox"/>	Structural design calculations and diagrams eg for concrete and steel
<input type="checkbox"/>	Fire engineering calculations ie sprinklers, firewalls
<input type="checkbox"/>	Test report and certificates eg materials and methods of construction, soil properties
<input type="checkbox"/>	Specifications for carrying out the work
<input type="checkbox"/>	Schematics of the exterior facade (only required for class 2, 5, 6, 7, 8 and 9)

Land (*please enter the details of the land the building is will be built on*)

Land: _____
Tapere: _____ District: _____
Island: _____ Area: _____
GPS location: _____

The following evidence of ownership is attached to this application:

- Sealed order— occupation right
- Deed of lease—lease
- Sale and purchase agreement

Other approvals gained (*you must have the approvals from the National Environment Service and Te Marae Ora for Class 1 to 9 buildings to be approved for a building permit— tick the approvals you have*)

From the National Environment Service:

- Environmental approval
- Environmental consent
- EIA permit

From Te Marae Ora:

- Sewage construction permit (*required for classes 1 to 7a, 8, and 9 buildings*)

Planning Requirements (*your drafts person or architect must fill out and sign this section to confirm that the planning requirements of the Cook Islands Building Code are incorporated into the building plans*).

By ticking each of the requirements below, I confirm that I have ensured they are incorporated into my clients' building plans.

- Minimum acceptable floor levels for the location
- Vehicle access provision
- Parking provision
- Building setback
- Maximum building height
- Emergency vehicle access

Name: _____ Signed: _____

Key contacts / licensed building practitioners

*(Please provide the following details for all applicable licensed building practitioners who will be involved in carrying out building work. Write N/A where the practitioners don't apply. If these details are unknown at the time of application, they **must** be supplied before the building work begins)*

Draftsperson / Architect

Business/Name: _____
Mobile No: _____
Landline No: _____
Email Address: _____
Reg No: _____
Licence No: _____

Structural Engineer

Business/Name: _____
Mobile No: _____
Landline No: _____
Email Address: _____
Reg No: _____
Licence No: _____

Head Contractor / Site Manager

Business/Name: _____
Mobile No: _____
Landline No: _____
Email Address: _____
Reg No: _____
Licence No: _____

Builder / Carpentry work

Business/Name: _____
Mobile No: _____
Landline No: _____
Email Address: _____
Reg No: _____
Licence No: _____

Drainlayer

Business/Name: _____
Mobile No: _____
Landline No: _____
Email Address: _____
Reg No: _____
Licence No: _____

Plumber

Business/Name: _____
Mobile No: _____
Landline No: _____
Email Address: _____
Reg No: _____
Licence No: _____

Electrician

Business/Name: _____
Mobile No: _____
Landline No: _____
Email Address: _____
Reg No: _____
Licence No: _____

Gas fitter

Business/Name: _____
Mobile No: _____
Landline No: _____
Email Address: _____
Reg No: _____
Licence No: _____

Foundation work

Business/Name: _____
 Mobile No: _____
 Landline No: _____
 Email Address: _____
 Reg No: _____
 Licence No: _____

Bricklaying

Business/Name: _____
 Mobile No: _____
 Landline No: _____
 Email Address: _____
 Reg No: _____
 Licence No: _____

External Plastering

Business/Name: _____
 Mobile No: _____
 Landline No: _____
 Email Address: _____
 Reg No: _____
 Licence No: _____

Roofing work

Business/Name: _____
 Mobile No: _____
 Landline No: _____
 Email Address: _____
 Reg No: _____
 Licence No: _____

Payment

Permit related invoices/refunds to be billed to:	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Agent
Preferred method of billing:	<input type="checkbox"/>	Email	<input type="checkbox"/>	In-person
Method of payment	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Cheque
	<input type="checkbox"/>	Online banking	<input type="checkbox"/>	Smart app
Receipt number (inserted by ICI):				

Signature

By signing off on this building permit application, I am declaring that all the information provided is true and correct and that I am duly authorised to sign off on this application.

Name: _____ Owner Agent

Signed: _____ Date: _____

Office Use Only

Fee (see item 1 of Schedule 4 of the Building Controls and Standards Regulations 1991)

- | | | |
|---|-----------------------------------|----------------|
| 1 | Total floor m ² : | |
| 2 | Fee for m ² per class: | |
| 3 | Total (multiply row 1 by row 2): | Paid: Yes / No |