



Schedule 9

Application for certificate of suitability

This application is made to the Building Controller under regulation 24(2) of the Building Controls and Standards Regulations 1991.

Date received: _____ Application No: _____

1. Applicant Details

Owner

Name: _____
Alternative contact: _____
Mobile Ph No: _____ Landline Ph No: _____
Email address: _____

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

Name: _____
Company name: _____
Mailing address: _____
Mobile Ph No: _____ Landline Ph No: _____
Email address: _____

Attached letter from the owner giving permission

2. Location Information

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

3. Buildings Current Use

Use Type		Max Occupancy No	Application Fee
<input type="checkbox"/>	Residential house / Long term rental house		<p>For all applications 3 categories apply:</p> <p>Low (up to 9 people) = \$200</p> <p>Moderate (10-50 people) = \$400</p> <p>High (51 people or more) = \$600</p> <p><i>(see Building Controls and Standards Amendment Regulations 2025)</i></p>
<input type="checkbox"/>	Residential hostel		
<input type="checkbox"/>	Short term rental home		
<input type="checkbox"/>	Hotel / Motel / Resort		
<input type="checkbox"/>	Office		
<input type="checkbox"/>	Community building		
<input type="checkbox"/>	School		
<input type="checkbox"/>	Shop / Retail		
<input type="checkbox"/>	Café / Takeaway / Restaurant		
<input type="checkbox"/>	Food preparation		
<input type="checkbox"/>	Industrial, laboratory		
<input type="checkbox"/>	Carport / Garage		
<input type="checkbox"/>	Healthcare / Aged care / Disability care / Childcare		

4. Buildings Proposed New Use and Fee

Use Type		Max Occupancy No
<input type="checkbox"/>	Residential house / Long term rental house	
<input type="checkbox"/>	Residential hostel	
<input type="checkbox"/>	Short term rental home	
<input type="checkbox"/>	Hotel / Motel / Resort	
<input type="checkbox"/>	Office	
<input type="checkbox"/>	Community building	
<input type="checkbox"/>	School	
<input type="checkbox"/>	Shop / Retail	
<input type="checkbox"/>	Café / Takeaway / Restaurant	
<input type="checkbox"/>	Food preparation	
<input type="checkbox"/>	Industrial, laboratory	
<input type="checkbox"/>	Carport / Garage	
<input type="checkbox"/>	Healthcare / Aged care / Disability care / Childcare	

5. Requirements for all changes of use

Requirements	Next Steps
Compliant onsite wastewater treatment system	An assessment will be commissioned by the Building Controller
Smoke alarms installed in the building	You will be advised
Fire extinguisher installed in the building	You will be advised

6. Will you be operating a business from the building or will the building be used to generate business income?	No – skip to section 8	Yes – see section 7
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7. Requirements for non-commercial use to commercial use

(This section is to ensure you have the necessary requirements under existing legislation to operate a business or earn income from the building. However, see note below section 8.)

Requirements	Required Evidence
Registered as a business (Rarotonga: if business income will be over \$30,000 per annum Pa Enuā: if business income will be over \$11,000 per annum) Sole Trader, Partnership or a Limited Liability Company	VAT/Company No: Letter confirming registration Applicable Professional/Occupational Licence
For premises that will prepare, serve or sell food: You must apply to Public Health for a Food License.	Food License application confirmation
For premises where tobacco will be sold or consumed: You must apply to Public Health for a Tobacco Licence	Tobacco License application confirmation
For premises where alcohol will be sold or served: You must apply to Ministry of Transport for a Liquor License	Liquor License application confirmation
For accommodation, office and retail buildings: Adequate provision for access from parking, entering the building and sanitary facilities must be made	Will be inspected, advice to follow
Rooms 50+, 4% of rooms are accessible	Will be inspected, advice to follow
Rooms under 50, 1 room is accessible	Will be inspected, advice to follow
Single short term rental home is accessible	Will be inspected, advice to follow
Fire safety	Will be inspected, advice to follow

8. Checklist (include the following as part of the application where applicable)

<input type="checkbox"/>	As-built of current building if building is over 7 years old
<input type="checkbox"/>	Building permit application if any renovation or extension is intended
<input type="checkbox"/>	Letter from Revenue Management Division confirming tax registration status and VAT number
<input type="checkbox"/>	Confirmation letter from Te Marae Ora of a Food License application
<input type="checkbox"/>	Confirmation letter from Te Marae Ora of a Tobacco License application
<input type="checkbox"/>	Confirmation letter from the Ministry of Transport of a Liquor License application
<input type="checkbox"/>	Evidence of any other professional / occupational licences
<input type="checkbox"/>	Application fee as per table in section 3.

Note:

You may be contacted to provide additional information to support the review of your application, for any of the matters dealt with in this application or, if, when it is being assessed, it appears to raise other issues related to the Building Controls and Standards Act 1991, the Building Controls and Standards Regulations 1991, the Building Controls and Standards (National Building Code) Order 2022, or any other enactment. You may also be asked to meet other requirements under those enactments, for example, applying for a relevant permit.

9. 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"/>	Smartie app
Receipt number (inserted by ICI):				

10. Signature

By signing off on this Certificate of Suitability 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 Occupancy level:
- 2 Fee for occupancy level:
- 3 Paid: Yes / No