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| **REFERRAL TO FUNCTION CONTROL AUTHORITY** | **Section 20** |
|  | |

Form **10**

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| To: |  | *Function Control Authority Name* |

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|  |  | *Address* |

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|  |  |  |  | *Suburb/postcode* |

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| **Building Surveyor details:** |  |

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| Building Surveyor: |  |  |  |

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| Address: |  | Phone No: |  |

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|  |  |  |  | Fax No: |  |

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| Licence No: |  | Email address: |  |

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| **Owner or Agent details:** |  |

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| Owner: |  |  |  |

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| Address: |  | Phone No: |  |

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|  |  |  |  | Fax No: |  |

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|  | Email address: |  |

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| Agent: |  |  |  |

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| Address: |  | Phone No: |  |

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|  |  |  |  | Fax No: |  |

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| *Note: Agents to be authorised in writing by the owner:* |  |  |  | Email address: |  |

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| **Documents provided:** |  |

The following documents are provided with this application -

|  |  |
| --- | --- |
| *Document description:* | *Prepared by:* |
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| **Special use building details:** |  |

The building work included in this application, has been identified as building work to a Special Use Building. For your information, the accompanying relevant documents are sent to you, as required by the Determination made by Director of Building Control, under section 20 of the *Building Act 2016*.

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| --- |
| Comments: |
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|  |

*Signed:*

|  |  |  |  |
| --- | --- | --- | --- |
| Building Surveyor: |  | Date: |  |

Director of Building Control - date approved: 1 January 2017 *Building Act 2016* - Approved Form No. 10