

APPLICATION FOR PROJECT INFORMATION MEMORANDUM AND/OR BUILDING CONSENT



Rotorua District Council
1061 Haupapa Street
Private Bag 3029,
Rotorua Mail Centre, Rotorua 3046
Phone: 07 348 4199
Fax: 07 349 0993
Email mail@rdc.govt.nz



Taupo District Council
Private Bag 2005
Taupo Mail Centre, Taupo 3352
Phone: 07 376 0899, 8am to 5pm
Fax: 07 378 0118
Email: general@taupo.govt.nz



Whakatane District Council
14 Commerce St
Private Bag 1002
Whakatane 3158, New Zealand
Phone: 07 306 0500
Fax: 07 307 0718



South Waikato District Council
Tokoroa Office
Torphin Crescent, Tokoroa
Private Bag 7, Tokoroa 3444
Phone: 07 885-0340
Fax: 07 885-0718



Kawerau District Council
Ranfurly Court
Private Bag, Kawerau 3169
Phone: 07 306 9009
A/Hours: 07 306 9009
Fax: 07 323 8072
Email: kaweraudc@kaweraudc.govt.nz



Opotiki District Council
108 St. John Street
PO Box 44, Opotiki 3162
Phone: 07 315 6167
Fax: 07 315 7050
Email: info@odc.govt.nz

COUNCIL USE ONLY

ESTIMATED TOTAL VALUE OF WORK

\$ _____ gst inclusive Project floor area _____ m²

FEE PAYABLE

Consent deposit	
Project Information Memorandum	\$ _____
Building Administration	\$ _____
Technical Processing	\$ _____
Industry Levy (DBH)	\$ _____
Industry Levy (BRANZ)	\$ _____
Developmental Contribution	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Certificate of Title	\$ _____
Producer Statements	\$ _____
Compliance Schedules	\$ _____
Rural Number	\$ _____
Vehicle Crossing	\$ _____
Street Damage	\$ _____
Water Connection	\$ _____
Sewer Connection	\$ _____
Other(s)	\$ _____
Total consent deposit	\$ _____
Consent fee balance	
Inspections	\$ _____
Other(s)	\$ _____
Total balance payable	\$ _____

Granted by _____
 Signature _____
 Date _____

Issued by _____
 Signature _____
 Date _____

Lodgement deposit	\$ _____
Date paid	_____
Receipt No.	_____
Consent fee balance	\$ _____
Date paid	_____
Receipt No.	_____

Please complete
 Forward any refunds or further invoices to:

COMPLIANCE

The specified systems for the building are as follows: *[specified systems are defined in regulations]*

The following specified systems are being altered, added to, or removed in the course of the building work: *[specify]*

There are no specified systems in the building.

PROJECT INFORMATION MEMORANDUM

The following matters are involved in the project

- | | |
|---|--|
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> New or altered locations and/or external dimensions of buildings |
| <input type="checkbox"/> Alterations to land contours | <input type="checkbox"/> Building work over or adjacent to any road or public place |
| <input type="checkbox"/> New or altered connections to public utilities | <input type="checkbox"/> Building work over any existing drains or sewers or in close proximity to wells or water mains |
| <input type="checkbox"/> New or altered access for vehicles | <input type="checkbox"/> Other matters known to the applicant that may require authorisations from the territorial authority: <i>[specify]</i> |
| <input type="checkbox"/> Disposal of stormwater and wastewater | |

BUILDING CONSENT

The following plans and specifications are attached to this application:

ATTACHMENTS

The following documents are attached to this application:

- Certificate attached to project information memorandum
- Plans and specifications *[list]* _____
- Project information memorandum
- Development contribution notice

THE PROJECT

Description of the building work: _____
[provide sufficient description of building work to enable scope of work to be fully understood]

Will the building work result in a change of use of the building? _____
Yes No

If Yes, provide details of the new use: _____
[provide description of new use]

List building consents previously issued for this project (if any):
[list who issued the consent, the date of issue and the consent number]

Intended life of the building if less than 50 years: _____

Estimated value of the building work on which the building levy will be calculated (including goods and services tax):

[state estimated value as defined in section 7 of the Building Act 2004] \$ _____

Number of Toilet Pans: _____
(Commercial properties only)

BUILDING PRACTITIONERS

Builder:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Designer/Architect:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Plumber/Gas Fitter:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Drainlayer:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Electrician:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

BUILDING PRACTITIONERS**Structural Engineer:**

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Engineer (identify practice college):

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Head Contractor/Site Manager

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Other:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Other:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Other:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Other:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

Other:

Business/name: _____ Address: _____

Phone: _____ Mobile: _____ After hours: _____ Facsimile: _____

Email: _____ Registration/qualification: _____

MATERIALS USED (identify materials used. Required for Department of Building and Housing records)**What materials will be used for the:****Floor**1 Timber 2 Concrete 3 Wood Products4 Other Specify: _____**Framing**1 Timber 2 Concrete 3 Steel 4 Aluminium5 Other Specify: _____**Roof**1 Steel sheeting 2 Steel tiles 3 Concrete tiles 4 Shingles5 Aluminium 6 Other Specify: _____**Internal**1 Plaster board 2 Fibrous Plaster 3 Wood Products4 Other Specify: _____**External Cladding**1 Brick 2 Concrete 3 Concrete block 4 Cement board5 Plaster 6 Timber 7 Steel 8 Aluminium9 XPS 10 Other Specify: _____**Energy**

Energy source _____

Cooking: _____

Insulation _____

Connection to or disconnection from: Council water supply (Please attach "Application for Water Connection" form.) Council sewerage

CONSTRUCTION DETAILS	Yes	No	N/A	Full details of alternative solutions if used	Yes	No	N/A
Products and designs match selected earthquake, wind and corrosion zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Producer Statement: specific design details for work outside the scope of acceptable solutions and non specific design codes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timber treatment specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Safety Summary or Fire Design statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation plans and design included. Plans to show details on reinforcing, all fixings and subfloor bracing for timber floors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drainage and/or plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor slab details including location of expansion joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifts, escalators, moving walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geotechnical reports on ground condition as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acoustic and thermal insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor plans with fire partitions, common walls & dividing walls & identification of all rooms & their intended uses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevations with maximum height and daylighting recession planes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beam designs including fixings, design charts for manufactured beams where used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	People with disabilities access & facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof plan complete with truss design statement and details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent peer review for specialist design above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details to resist roof uplift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance Schedule details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bracing calculations and layout plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL INFORMATION			
Brace fixing details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Blockwork design, including cover to reinforcing, locations and detail of expansion joints, fixings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Retaining walls: design, heights, position, subsoil drainage and safety barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Windows: opening and fixed windows indicated, cantilevered lintel details included where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Glazing: safety glass specifications included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Sound insulation indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Location of smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Claddings and weathertightness details provided for all claddings, including risk matrix or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Stairs/steps/landings/balconies: dimensions, handrail and barrier details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Decks: membrane specifications (especially compatible substrates), threshold details, position and size of overflows, gutter size calculations,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Solid fuel heater: make, model & location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Accurate layout of plumbing & drainage systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			

The building work will comply with the building code as follows: <i>[Delete this section if this is an application for a PIM only]</i>					
Clause		Means of compliance			Proposed inspections
<i>[which of the following clauses will be involved in the proposed building work?]</i>		<i>[refer to the relevant compliance document(s) or detail of alternative solution in the plans and specifications]</i>		<i>[state means of inspection. Note PS4 or certification may be required]</i>	
<input type="checkbox"/> B1	Structure	<input type="checkbox"/> B1/AS2	<input type="checkbox"/> NZS 3604	<input type="checkbox"/> NZS 4203	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> B2	Durability	<input type="checkbox"/> B2/AS1	<input type="checkbox"/> NZS 3101	<input type="checkbox"/> NZS 3602	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> C1- 4	Fire	<input type="checkbox"/> C1/AS1	<input type="checkbox"/> Other _____ <i>[Specify]</i>		<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> D1	Access Routes	<input type="checkbox"/> D1/AS1	<input type="checkbox"/> NZS 4121	<input type="checkbox"/> NZS 4121	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> D2	Mechanical installations for access	<input type="checkbox"/> D2/AS1	<input type="checkbox"/> NZS 4332	<input type="checkbox"/> EN 81	<input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> E1	Surface water	<input type="checkbox"/> E1/AS1	<input type="checkbox"/> AS/NZS3500.3	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>	
<input type="checkbox"/> E2	External moisture	<input type="checkbox"/> E2/AS1	<input type="checkbox"/> Specific design & testing		<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> E3	Internal moisture	<input type="checkbox"/> E3/AS1	<input type="checkbox"/> Other _____ <i>[Specify]</i>		<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F1	Hazardous substances etc	<input type="checkbox"/> F1/AS1	<input type="checkbox"/> Other _____ <i>[Specify]</i>		<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F2	Hazardous building materials	<input type="checkbox"/> F2/AS1	<input type="checkbox"/> NZS 4223	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>	
<input type="checkbox"/> F3	Hazardous substances	<input type="checkbox"/> F3/AS1	<input type="checkbox"/> Other _____ <i>[Specify]</i>		<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F4	Safety from falling	<input type="checkbox"/> F4/AS1	<input type="checkbox"/> FSP Act	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>	
<input type="checkbox"/> F5	Construction and demolition hazards	<input type="checkbox"/> F5/AS1	<input type="checkbox"/> Other _____ <i>[Specify]</i>		<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F6	Lighting for emergency	<input type="checkbox"/> F6/AS1	<input type="checkbox"/> Other _____ <i>[Specify]</i>		<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F7	Warning systems	<input type="checkbox"/> F7/AS1	<input type="checkbox"/> AS/NZS 1668	<input type="checkbox"/> NZS 4512	<input type="checkbox"/> Council <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> F8	Signs	<input type="checkbox"/> F8/AS1	<input type="checkbox"/> Other _____ <i>[Specify]</i>		<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>
<input type="checkbox"/> G1	Personal hygiene	<input type="checkbox"/> G1/AS1	<input type="checkbox"/> Other _____ <i>[Specify]</i>		<input type="checkbox"/> Council <input type="checkbox"/> Other _____ <i>[Specify]</i>

<input type="checkbox"/> G2	Laundering	<input type="checkbox"/> G2/AS1	<input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G3	Food preparation and prevention of contamination	<input type="checkbox"/> G3/AS1	<input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G4	Ventilation	<input type="checkbox"/> G4/AS1	<input type="checkbox"/> AS/NZS 1668.2 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G5	Interior environment	<input type="checkbox"/> G5/AS1	<input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G6	Airborne & impact sound	<input type="checkbox"/> G6/AS1	<input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G7	Natural light	<input type="checkbox"/> G7/AS1	<input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G8	Artificial light	<input type="checkbox"/> G8/AS1	<input type="checkbox"/> NZS 6703 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G9	Electricity	<input type="checkbox"/> G9/AS1	<input type="checkbox"/> Other _____ [Specify]	By certification only
<input type="checkbox"/> G10	Piped services	<input type="checkbox"/> G10/AS1	<input type="checkbox"/> NZS 5261 <input type="checkbox"/> Other _____ [Specify]	By certification only
<input type="checkbox"/> G11	Gas as an energy source	<input type="checkbox"/> G11/AS1	<input type="checkbox"/> Other _____ [Specify]	By certification only
<input type="checkbox"/> G12	Water supplies	<input type="checkbox"/> G12/AS1	<input type="checkbox"/> AS/NZS 3500.1 <input type="checkbox"/> AS/NZS 3500.4 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G13	Foul water	<input type="checkbox"/> G13/AS1	<input type="checkbox"/> AS/NZS 3500.2 BS 5572 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G14	Industrial liquid waste	<input type="checkbox"/> G14/AS1	<input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> G15	Solid waste	<input type="checkbox"/> G15/AS1	<input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]
<input type="checkbox"/> H1	Energy efficiency	<input type="checkbox"/> H1/AS1	<input type="checkbox"/> NZS 4218 <input type="checkbox"/> NZS 4243 <input type="checkbox"/> ALF Design Manual <input type="checkbox"/> NZS 4214 <input type="checkbox"/> Other _____ [Specify]	<input type="checkbox"/> Council <input type="checkbox"/> Other _____ [Specify]

HAVE YOU PROVIDED ALL THE FOLLOWING INFORMATION?

(Strike out where not applicable)

NOTE TO APPLICANTS Please use this check sheet to ensure all the information required to be supplied with your application has been provided. If required information has not been provided your application may not be accepted and you will experience delays in obtaining your consent.

GENERAL	Yes	No	N/A	OTHER MISCELLANEOUS	Yes	No	N/A
Plans and specifications of an acceptable standard (Reference BRANZ Bulletin 365 Acceptable Plans and Specifications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demolition details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans, elevations, cross sections of the proposal in duplicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming pool: design, fence and discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Title (recent search copy less than 6 months old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backflow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind Zone classification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notable and protected trees indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake Zone classification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heritage site or building affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion Zone classification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resource Consent application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of natural hazards eg. Flooding, falling debris, erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subdivision details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BULK & LOCATION	Yes	No	N/A	ADDITIONAL INFORMATION			
Site Plan: Fully dimensioned, scaled, showing all buildings and easements (proposed/existing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Site boundaries nominated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Site area per unit indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Site coverage and plot ration calculations %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Shared access ways/other areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Foulwater (sewer) drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Stormwater drains and soakholes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Water service details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Site levels and finished floor level indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Vehicle crossing position indicated on plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Vehicle access manoeuvre and parking areas indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Street trees, poles, sumps, manholes, traffic islands affecting vehicle access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Hill sites: indicate contours, drive gradients and building heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Landscaped areas indicated and planting plan produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Earthworks: identify proposal for cut and/or fill where cut is more than 1.5m deep or 20 cubic metres.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			