



# CENTRAL HAWKE'S BAY DISTRICT COUNCIL

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BC Number: \_\_\_\_\_

## APPLICATION FOR AN AMENDMENT

**Property Owners Full Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Existing Building Consent Number:** \_\_\_\_\_

**Description of Proposed Amendment:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Value of Amended Work**      \$ \_\_\_\_\_

Please note that this application for an amendment is to be completed as part of an existing Building Consent, the information filled in on the original Application for Building Consent form will become part of this amendment and vice versa.

**Signature Owner/Agent:** \_\_\_\_\_