

Producer Statement Construction PS3

**This form is for BCA document control only. This version should NOT be made public.
There is a template version on the public CCC website.**

For guidance on how to use this template, please refer to information Sheet [B-388 – Requirements for the Acceptance of PS3 Producer Statements and Construction Statements](#) which is available from our website (www.ccc.govt.nz).

Companies Letterhead or Author's Name:

Tick applicable Contractor for:

<input type="checkbox"/> Building	<input type="checkbox"/> Emergency Lighting	<input type="checkbox"/> Cladding
<input type="checkbox"/> Waterproof Membranes	<input type="checkbox"/> Drainlayer	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Mechanical (HVAC)	<input type="checkbox"/> Solar Heating	<input type="checkbox"/> Lift / Escalator <i>(delete one)</i>
<input type="checkbox"/> Other (Specify):		

Issued by: to Christchurch City Council.

SECTION 1: OWNER

Owner:

Project Address:

Description of Building Work:

Scope of work covered by statement:

System / Product used (if applicable):

I (Constructor): have been engaged by
..... (building consent applicant) to construct:

All Part only

As specified in the attached particulars of Building Consent Number: ABA and its attached conditions and am satisfied on reasonable grounds that the building work specified above has been completed to the extent required by that Building Consent and complies with the Building Consent.

Specific reference to the Building Code: What clauses of the Building Code are covered by the Producer Statement? <i>(Circle applicable clauses)</i>	B1	B2	C1	C2	C3	C4	D1	D2	E1	E2
	E3	F1	F2	F3	F4	F5	F6	F7	F8	G1
	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11
	G12	G13	G14	G15	H1					

I understand that this Producer Statement, if accepted, will be relied upon by Christchurch City Council for the purpose of establishing compliance with the Building Consent.

SECTION 2: CONSTRUCTOR'S DETAILS

Name: Registration Number: or N/A

Qualifications / Experience:

Address:

Phone Number: HOME: WORK: MOBILE:

Fax: Email:

Signature: Date:

NB: All sections of this PS3 must be completed.