

Design Coordination Statement

This form is to collect information showing that design coordination has been completed/undertaken for the project referenced below. Please complete this form and supply it with the application for building consent

Pre-Application or Building Consent number: SR	Site Address:
Description of works:	
Agent name:	Agent contact number:

Notes for Stakeholders

By signing this form, you are stating that you have viewed all relevant parties' drawings and specifications relating to the project specified below and the provided documentation from all parties will cross reference each other

Required	Consultant Role	Consultant Name	Documents Reviewed (Specify)	Date Design Reviewed
<input type="checkbox"/>	Architect			
<input type="checkbox"/>	Fire Engineer			
<input type="checkbox"/>	Building Services Engineer			
<input type="checkbox"/>	Structural Engineer			
<input type="checkbox"/>	Geotechnical Engineer			
<input type="checkbox"/>	Other (Please Specify):			
<input type="checkbox"/>	Other (Please Specify):			

Please refer to IPENZ Practice Note 22 guidelines for PN22 guidance which may be required at Building Consent stage.