



Notice is hereby given that a Meeting of the Regulatory and Consents Committee will be held on:

Date: **Wednesday, 27 March 2019**
Time: **9am**
Meeting Room: **Council Chamber**
Venue: **15 Forth Street, Invercargill**

Regulatory and Consents Committee Agenda OPEN

MEMBERSHIP

Chairperson Gavin Macpherson
Mayor Gary Tong

Councillors Brian Dillon
Paul Duffy
Darren Frazer
Julie Keast
Neil Paterson

IN ATTENDANCE

Group Manager, Environmental Services Bruce Halligan
Committee Advisor Alyson Hamilton

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Full agendas are available on Council's Website
www.southlanddc.govt.nz

Note: The reports contained within this agenda are for consideration and should not be construed as Council policy unless and until adopted. Should Members require further information relating to any reports, please contact the relevant manager, Chairperson or Deputy Chairperson.

Terms of Reference – Regulatory and Consents Committee

The Regulatory and Consents Committee is responsible for overseeing the statutory functions of the Council under the following legislation (but not limited to the following):

- Resource Management Act 1991
- Health Act 1956
- Food Act 2014
- Dog Control Act 1996
- Sale and Supply of Alcohol Act 2012
- Heritage New Zealand Act Pouhere Taonga Act 2014
- Building Act 2004
- Freedom Camping Act 2011
- Psychoactive Substances Act 2013
- Impounding Act 1955
- Southland Land Drainage Act 1935
- Southland Land Drainage Amendment Act 1938

The Regulatory and Consents Committee is delegated the authority to undertake the following functions in accordance with the Council's approved delegations register:

- (a) Maintain an oversight of the delivery of regulatory services;
- (b) Conduct statutory hearings on regulatory matters and undertake and make decisions on those hearings (excluding matters it is legally unable to make decisions on as legislated by the Resource Management Act 1991);
- (c) Appoint panels for regulatory hearings;
- (d) Hear appeals on officer's decisions to decline permission for an activity that would breach the Southland District Council Control of Alcohol Bylaw 2015;
- (e) Approve Council's list of hearings commissioners (from whom a commissioner can be selected) at regular intervals and the Chief Executive Officer be authorised to appoint individual Commissioners for a particular hearing;
- (f) Make decisions on applications required under the Southland District Council's Development and Financial Contribution Policy for remissions, postponements, reconsiderations and objections;
- (g) Approve Commissioners and list members under the Sale and Supply of Alcohol Act 2012;
- (h) Exercise the Council's powers, duties and discretions under the Sale of Liquor Act 1989 and the Sale and Supply of Alcohol Act 2012;
- (i) Hear objections to officer decisions under the Dog Control Act 1996.
- (j) Hear objections and decide on matters under the Southland Land Drainage Act 1935 and Southland Land Drainage Amendment Act 1938.

The Regulatory and Consents Committee shall be accountable to Council for the exercising of these powers.

The Regulatory and Consents Committee is responsible for considering and making recommendations to Council regarding:

- (a) Regulatory policies and bylaws for consultation;
 - (b) Regulatory delegations;
 - (c) Regulatory fees and charges (in accordance with the Revenue and Financial Policy)
 - (d) Assisting with the review and monitoring of the District Plan.
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1 Apologies

At the close of the agenda no apologies had been received.

2 Leave of absence

At the close of the agenda no requests for leave of absence had been received.

3 Conflict of Interest

Committee Members are reminded of the need to be vigilant to stand aside from decision-making when a conflict arises between their role as a member and any private or other external interest they might have.

4 Public Forum

Notification to speak is required by 5pm at least two days before the meeting. Further information is available on www.southlanddc.govt.nz or phoning 0800 732 732.

5 Extraordinary/Urgent Items

To consider, and if thought fit, to pass a resolution to permit the committee to consider any further items which do not appear on the Agenda of this meeting and/or the meeting to be held with the public excluded.

Such resolution is required to be made pursuant to Section 46A(7) of the Local Government Official Information and Meetings Act 1987, and the Chairperson must advise:

- (i) the reason why the item was not on the Agenda, and
- (ii) the reason why the discussion of this item cannot be delayed until a subsequent meeting.

Section 46A(7A) of the Local Government Official Information and Meetings Act 1987 (as amended) states:

"Where an item is not on the agenda for a meeting,-

- (a) that item may be discussed at that meeting if-
 - (i) that item is a minor matter relating to the general business of the local authority; and
 - (ii) the presiding member explains at the beginning of the meeting, at a time when it is open to the public, that the item will be discussed at the meeting; but
- (b) no resolution, decision or recommendation may be made in respect of that item except to refer that item to a subsequent meeting of the local authority for further discussion."

6 Confirmation of Minutes

- 6.1 Meeting minutes of Regulatory and Consents Committee, 28 November 2018



Regulatory and Consents Committee

OPEN MINUTES

Minutes of a meeting of Regulatory and Consents Committee held in the Council Chambers, 15 Forth Street, Invercargill on Wednesday, 28 November 2018 at 9am.

PRESENT

Chairperson	Gavin Macpherson
	Mayor Gary Tong
Councillors	Brian Dillon
	Paul Duffy
	Darren Frazer
	Julie Keast
	Neil Paterson

APOLOGIES

IN ATTENDANCE

Group Manager, Environmental Services	Councillor Kremer
Team Leader - Resource Management	Bruce Halligan
Senior Policy Planner	Marcus Roy
Communications Manager	Rebecca Blyth
Committee Advisor	Louise Pagan
	Alyson Hamilton

1 Apologies

There were no apologies.

2 Leave of absence

There were no requests for leave of absence.

3 Conflict of Interest

There were no conflicts of interest declared.

4 Public Forum

There was no public forum.

5 Extraordinary/Urgent Items

There were no Extraordinary/Urgent items.

6 Confirmation of Minutes

Resolution

Moved Cr Duffy, seconded Cr Keast **and resolved:**

That the Regulatory and Consents Committee confirms the minutes of the meeting held on 6 September 2018 as a true and correct record of that meeting.

Reports

7.1 Group Manager's Update Report

Record No: R/18/10/25082

Group Manager, Environmental Services – Bruce Halligan was in attendance for this item.

Mr Halligan advised the purpose of the report is to update the Committee on key matters within the Environmental Services Group and recent announcements of national and regional environmental significance.

Resolution

Moved Chairperson Macpherson, seconded Cr Dillon **and resolved:**

That the Regulatory and Consents Committee receives the report titled “Group Manager’s Update Report” dated 7 November 2018.

7.2 Quality Assurance - Second Quarterly Update

Record No: R/18/11/25615

Quality Assurance Lead – Julie Conradi was in attendance for this item.

Ms Conradi advised the purpose of the report is to update Members of the Quality Assurance Lead’s progress within the Environmental Services Group.

Resolution

Moved Cr Keast, seconded Cr Frazer **and resolved:**

That the Regulatory and Consents Committee:

- a) **Receives the report titled “Quality Assurance - Second Quarterly Update” dated 8 November 2018.**

The meeting concluded at 9.45am.

CONFIRMED AS A TRUE AND CORRECT RECORD AT A MEETING OF THE REGULATORY AND CONSENTS COMMITTEE HELD ON WEDNESDAY, 28 NOVEMBER 2018.

DATE:.....

CHAIRPERSON:.....

Plan Change Dark Skies

Record No: R/19/1/73

Author: Margaret Ferguson, Resource Management Planner

Approved by: Bruce Halligan, Group Manager Environmental Services

Decision

Recommendation

Information

Purpose

- 1 To seek approval from the Regulatory and Consents Committee (the Committee) to proceed to preliminary public consultation with key stakeholders within the Stewart Island / Rakiura Community relating to the proposed new lighting provisions being initiated via a Plan Change to the Southland District Plan 2018.

Executive Summary

- 2 A plan change is proposed by the Southland District Council (SDC) under section 73(1A) of the Resource Management Act 1991 (the Act) to introduce additional lighting provisions on Stewart Island / Rakiura.
- 3 The purpose of the plan change is to protect the existing quality of the night sky currently experienced on the island; which is recognised internationally having recently achieved the Dark Sky Sanctuary accreditation by the International Dark Sky Association.
- 4 As part of the plan change process outlined under the First Schedule of the Resource Management Act 1991 preliminary consultation with the key stakeholders is to be undertaken. This consultation will go towards shaping and testing the proposed provisions prior to full public notification.
- 5 The proposed preliminary consultation dates are Monday 13th and Tuesday 14th May on Stewart Island / Rakiura.

Recommendation

That the Regulatory and Consents Committee:

- a) **Receives the report titled “Plan Change Dark Skies” dated 13 March 2019.**
- b) **Determines that this matter or decision be recognised as not significant in terms of Section 76 of the Local Government Act 2002.**
- c) **Determines that it has complied with the decision-making provisions of the Local Government Act 2002 to the extent necessary in relation to this decision; and in accordance with Section 79 of the Act determines that it does not require further information, further assessment of options or further analysis of costs and benefits or advantages and disadvantages prior to making a decision on this matter.**
- d) **Approves progressing the Draft plan change to preliminary public consultation with relevant stakeholders.**

Background

- 6 The Plan Change process requires preliminary consultation with key stakeholders to be undertaken.
- 7 The preliminary consultation will help to gain feedback from some community entities and other key stakeholders on the proposed changes. Preliminary consultation with key stakeholders and members of the community who will be affected by the proposed plan change is critical; to ensure that key issues and concerns are flagged and understood to give context for the formulation of the proposed additional District Plan provisions.

Issue

- 8 The issue is that consultation is part of the policy making process. It provides the opportunity for key parties affected by potential new provisions to have input into the development of those provisions. Effectively it is an opportunity for provisions to be tested with those members of the community most affected, prior to these having formal status through the public notification process.
- 9 The consultation is to be in the format of a workshop. A set of proposed lighting provisions (amendments to the District Plan) will be presented at the workshop and feedback will be sought.
- 10 The feedback will be used to then further tailor the proposed provisions. It is duly noted that the proposed provisions are proposed to be aligned with the requirements of the Dark Sky Sanctuary Accreditation requirements. A summary of the proposed provisions (which are still very much in their infancy) is attached at Appendix 1 for your information.
- 11 On completion of the workshop and preliminary consultation, the proposed provisions will be re-drafted and a full report provided to the Committee at the June 6 meeting prior to seeking approval from full Council to proceed to public notification.
- 12 Key stakeholders to be invited:
- Stewart Island Promotions Association
 - Department of Conservation
 - Venture Southland
 - Stewart Island / Rakiura Community Board
 - General Stewart Island community, including parties with fishing interests.
 - Southport
 - Owners and operators of Salmon farms
 - Te Ao Marama Incorporated
 - Environment Southland
 - Stewart Island Airport owner and operator
 - Rakiura MLI
 - Telecommunications providers

It is duly noted that whilst all of the above identified stakeholders will be invited to the preliminary consultation, if attendance is not possible, all information that is to be presented at the workshop will be emailed/mailed to the relevant stakeholder. Additionally, feedback can be provided via the submission process following public notification should the stakeholder be unable to attend the workshop and / or cannot provide feedback on the preliminary documentation accordingly.

- 13 Planners from the Resource Management Department will be facilitating the workshop and will discuss the implications of the plan change for property owners (public and private) ie when a resource consent may be required and the likely costs of such processes.
- 14 It is intended that Mr Paul Wilson of Xyst Limited is to be contracted as Councils lighting expert for the purposes of this plan change. Mr Wilson has undertaken the core work associated with the Dark Skies Sanctuary accreditation for Stewart Island / Rakiura and is therefore suitably qualified to provide the necessary technical lighting advice to Council as required. It is anticipated that Mr Wilson will also be present at the workshop to provide advice in terms of what specific type of lighting can be installed. In essence, explaining to workshop attendees how this plan change looks from a practical perspective.
- 15 The workshop is to be facilitated as follows:
 - a) A one or two day ‘drop-in’ event to be held on Stewart Island at the ‘Pavilion’ venue, Ayr Street. The venue is tentatively booked for Monday 13th and Tuesday 14th May.
 - b) Presentation of proposed provisions and then opportunity for feedback.
 - c) The workshop was anticipated to have a formal one hour session with identified stakeholders to then be followed by a two hour ‘drop-in’ session (or longer if necessary) for the general Stewart Island community. Given the general public are likely to be at work commitments during the day, the open ‘drop-in’ session is proposed for the evening and extended to 2 hours to accommodate community members’ work schedules.
 - d) Atmosphere of the workshop is intended to be inviting and collaborative through the provision of a relaxed drop in atmosphere, light snacks and refreshments.
 - e) The scope of what is to be discussed is outlined in more detail at Appendix 1 of this report, however in summary:
 - a. Identification of what sections, zones, chapters of the District Plan are proposed to be amended.
 - b. An outline of what the rules are proposed to be, as this is anticipated to be the most important and relevant information to provide to a property owner ie what does this mean for me?

Options Considered

- 16 In addressing the above issue, the following options have been considered:
 - a) Do not undertake preliminary consultation.
 - b) Undertake preliminary consultation.

Community Views

- 17 The views of the community will be considered as part of this consultation workshop.

Costs and Funding

- 18 The costs of the preliminary consultation will be borne by Council. This project is entirely funded by the Council via the District Plan budget.

Policy Implications

- 19 This preliminary consultation work will contribute towards the proposed SDC - initiated Plan Change as it relates to lighting provisions on Stewart Island / Rakiura only.

Analysis

Options Considered

- 20 There are two options to be considered in this instance. The first being to undertake preliminary consultation and the second being to not undertake preliminary consultation.

Analysis of Options

Option 1 – Undertake Consultation

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none">Stakeholder feedback will go towards shaping and testing proposed provisions prior to public notification.More likely to streamline the notification process as any issues can be front footed and dealt with accordingly prior to public notification.Meet legal requirements of the RMA as they relate to the Plan Change process.Promotes good RMA practice.Mitigates potential for future appeal	<ul style="list-style-type: none">Cost to Council: hiring venue, staff hours to undertake the workshop and travel to the Island, catering, and general administration.

Option 2 – Do not undertake Consultation

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none">No cost to the Council and ratepayer	<ul style="list-style-type: none">If no consultation any issues that a stakeholder has with the proposed provisions will need to be dealt with through the public notification process. Depending upon the stakeholder response, this could lengthen the processing time for the Plan Change eg if a submitter is against the provisions and submits in opposition or objects to a decision then there is the

	<p>potential for several hearing dates with associated costs.</p> <ul style="list-style-type: none">• Does not meet the requirements of the RMA as they relate to the Plan Change process.• Does not align with good RMA practice.• Could increase likelihood of costly and lengthy appeal process
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Assessment of Significance

- 21 This report is not deemed to be significant in terms of the relevant Local Government Act criteria.

Recommended Option

- 22 Option 1 – to undertake preliminary consultation.

Next Steps

- 23 Proceed to invite the identified key stakeholders to the workshop.
- 24 Proceed to finalise the proposed provisions to be presented at the workshop, and associated arrangements.

Attachments

- A Appendix 1 - Preliminary Consultation [↓](#)

1.0 Introduction

The proposed provisions will amend existing lighting controls that specifically relate to Stewart Island / Rakiura only.

The relevant zones and chapters of the District Plan that are proposed to be amended as part of this Plan Change are:

- Section 2.12 - Signage
- Section 3.2 - Urban Zone
- Section 3.4 - Industrial Zone
- Section 3.5 - Fiordland / Rakiura Zone
- Section 4 - Definitions
- Section 5 - Schedules
- Schedule 2.10 Guidelines for Buildings in the Stewart Island / Rakiura Urban Zone
- Schedule 5.7 Stewart Island / Rakiura Industrial Development Concept Plan
- Section 6.1 Information for Resource Consents

The above list is indicative only. Following consultation and further assessment, additional District Plan Sections / Chapters may be identified.

2.0 Layout of the District Plan

The existing layout of the District Plan will fundamentally remain unchanged. It is proposed that each zone that is specific to Stewart Island will be amended to include a lighting related objective, policy and rule as follows (indicative only):

2.1 Proposed Objectives

The night sky environment of Stewart Island / Rakiura is identified and protected from inappropriate subdivision, land use and development.

The Dark Sky Sanctuary Status accredited to Stewart Island / Rakiura is maintained.

2.2 Proposed Policy

Avoid, remedy or mitigate adverse effects of subdivision, land use and development on the night sky of Stewart Island / Rakiura through the implementation of lighting controls.

2.3 Proposed Rules

The existing lighting rules within each zone are to be amended to include controls specifically for Stewart Island / Rakiura only. Where no rule exists, a new rule is to be introduced within the zone. The proposed rules are to be in line with the Dark Sky Sanctuary Status accreditation and shall include:

- Lighting is to be fully shielded to reduce lightspill with the exception where fixtures containing lamps of less than and equal to 500 initial lumens in total.
- Light is not permitted to be emitted above the horizontal plane.
- Only lighting with equal to or less than 3000 correlated colour temperature (CCT) is to be used.
- Time controlled / and or motion controlled lighting to avoid unnecessary lighting outside of business / operation hours.

2.4 Additional chapters

The non-zone chapters are proposed to be revised as follows (indicative only):

2.4.1 Definitions

A review of existing definitions and identification of any new definitions as a result of the proposed text changes to the District Plan will be undertaken.

2.4.2 Schedules

The identification of any new designations required as a result of the proposed text changes to the District Plan will be undertaken.

2.4.3 Schedule 5.7 Stewart Island / Rakiura Industrial Development Concept Plan

Ensuring that there are clear links made between the Concept Plan, the desired environmental outcome and Industrial Zone objectives, policies and rules.

2.4.4 Section 6.1 Information for Resource Consents

A review of any relevant technical information that may be required when submitting an application for a resource consent will be undertaken as it relates to the proposed text changes to the District Plan.

2.4.5 Schedule 2.10 Guidelines for Buildings in the Stewart Island / Rakiura Urban Zone

The likely addition of a third 'material' being the detailing of the type of external lighting to be attached to buildings when building on Stewart Island / Rakiura.

Building Reaccreditation Audit February 2019 - Outcome

Record No: R/19/2/3874

Author: Bruce Halligan, Group Manager Environmental Services

Approved by: Steve Ruru, Chief Executive

Decision

Recommendation

Information

Purpose

- 1 The purpose of this report is to inform the committee of the outcome from the recent audit of Council's building solutions team by International Accreditation New Zealand (IANZ).

Executive Summary

- 2 This report summarises the recent IANZ audit process, the outcome from this, and the additional post-audit work underway to address matters highlighted through the audit process. A similar report will also be included on the next Finance and Audit Committee agenda for that committee's information.

Recommendation

That the Regulatory and Consents Committee:

- a) **Receives the report titled "Building Reaccreditation Audit February 2019 - Outcome" dated 13 March 2019.**
- b) **Determines that this matter or decision be recognised as not significant in terms of Section 76 of the Local Government Act 2002.**
- c) **Determines that it has complied with the decision-making provisions of the Local Government Act 2002 to the extent necessary in relation to this decision; and in accordance with Section 79 of the Act determines that it does not require further information, further assessment of options or further analysis of costs and benefits or advantages and disadvantages prior to making a decision on this matter.**
- d) **Notes the report and associated clearance action plan as information.**

Background

- 3 Under the Building Act 2004 and the Building (Accreditation of Building Consent Authorities) Regulations 2006 (which were extensively amended in 2017), for councils to be legally able to continue to process and issue building consents as a Building Consent Authority (BCA) as defined in the act, they must have successfully completed a regular external audit process. This process is undertaken by International Accreditation New Zealand (IANZ).
- 4 Southland District Council has successfully completed this audit process at the required intervals since this process was established and was one of the first councils in the country to gain initial accreditation after the 2006 regulations were established. This is the Council's sixth reaccreditation audit process.
- 5 In the most recent previous 2017 audit, one Corrective Action Required (CAR) was identified and a number of strong recommendations and recommendations, which were subsequently actioned within the required timeframe.
- 6 Since the 2017 SDC IANZ audit, the relevant regulations which govern the accreditation audit process have changed extensively. Staff were aware of these changes and had sought to modify relevant processes to reflect these in advance of the 2019 audit.
- 7 The new audit process under the amended regulations removes the previous "CAR/Strong Recommendation/Recommendation" approach and replaces it with "Serious Non-Compliance/General Non-Compliance/Recommendations".
- 8 This is a very important change for the committee to note when considering the outcome of the audit and the content of this report.
- 9 To explain this, whereas previously an element of process which deviated from best practice, but which may not have been considered serious, may have resulted in a Strong Recommendation, now it becomes a General Non-Compliance (GNC).
- 10 The IANZ auditors Adrienne Woollard and Phil Judge were on site from 19-22 February inclusive. Mr Judge also attended on-site inspections with two of the building solutions team.
- 11 At the "entry meeting" at the start of the audit Ms Woollard indicated that recent audits of other councils around New Zealand, there have been generally in the order of 10 -30 Non-Compliances identified, on average.
- 12 In advance of the audit, the following steps were established to seek to achieve a positive outcome:
 - an internal IANZ project team, led by Jenny Green, was established in January 2018 with cross-organisation representation to aid preparation and spread workload. Another key driver for establishing this team was to spread knowledge of the IANZ processes across a broader range of staff than had previously occurred in the past, to assist with future business continuity around this audit process
 - previous recent audits of other councils were closely scrutinised to seek to highlight any deficiencies and improvement opportunities in our Council's practices, and to undertake remedial action to address these in advance of the audit

- Council's Quality Assurance Manual and systems were scrutinised for compliance with the regulations and to seek to ensure robustness, and amended where necessary. The Council's quality assurance lead Julie Conradi did an excellent job of this work, making a number of pertinent amendments in advance of the audit, which stood up well in the audit process itself.
- a senior quality assurance staff member from the Dunedin City Council, Gillian Budd, was engaged to review Council's systems. This was very valuable, and Gillian highlighted a number of improvement opportunities which were implemented in advance of the audit itself.

The Audit Report

- 13 The assessment report of IANZ lead auditor Adrienne Woollard is attached as Appendix 1.
- 14 As can be seen, no Serious Non-Compliances were identified. 20 General Non-Compliances were identified, and four Recommendations. 11 of the GNCs were resolved while IANZ was on-site, leaving nine GNCs remaining to be rectified. As referred to above, this is at the lower end of non-compliance numbers nationally.
- 15 Ms Woollard has advised that if these are addressed within the required three month timeframe, then Council will be assessed as Low Risk and reaccredited for the maximum two year period. Council has until 29 March 2019 to furnish a clearance plan to IANZ and until 31 May 2019 to undertake the actions specified in the clearance plan.
- 16 This is considered to be a very positive outcome, particularly having regard to the significant staff changes which have occurred in the building solutions team over the two years since the last audit, with a number of very long serving and experienced staff having moved on. It was also very pleasing to see the following comment included in the IANZ report regarding good practice (Page 3):
- “Staff were well managed, and passionate about their work. The BCA was well prepared for this IANZ assessment”*
- 17 As group manager responsible for this important statutory function, I have been really pleased by the degree of pride and effort put in by the project team, building solutions team and others to this audit process.
- 18 Having been group manager through several previous audits, it is noted that this most recent audit was probably the most intensive and extensive to date. Likewise, the preparation time involved for staff in advance of the audit was also probably greater than for any previous audit, particularly having regard to ensuring that changes in the regulations were appropriately reflected in Council's current practice.
- 19 Key issues raised in the audit report can be summarised as follows:
- some concerns regarding processing times, and the processes being used to “stop the processing clock” for resource management issues
 - some changes to forms and documentation to better reflect the requirements of the act, code and regulations

- a concern regarding issuing Code Compliance Certificates for both original consents and amendments
- some concerns regarding the specificity of systems in Compliance Schedules
- some issues with regard to the recording of staff training
- a concern regarding the timeliness of issuing Code Compliance Certificates. This is valid and has probably reflected a focus on inspecting new, rather than historic, work during pressure periods.

20 Staff have developed a Clearance Action Plan to address the General Non-Compliances in the required timeframe and this is attached as Appendix 2.

Factors to Consider

Legal and Statutory Requirements

- 21 As referred to above, the IANZ audit process is very important to enable Council to continue to issue building consents under the Building Act 2004.
- 22 At a broader level it is also an important part of seeking to ensure that buildings constructed in the Southland District are robust for current and future owners, and liability for Council's ratepayers is mitigated.
- 23 Southland District Council issues in the order of \$100 million worth of building consents per year on average over the last 10 years, so this is one of Council's key potential statutory processes and potential exposure areas. Some highly publicised recent building failings around New Zealand, and the implications of those for councils involved in terms of financial liability and stress for their residents, have certainly highlighted that graphically.

Community Views

- 24 While community views are not part of the IANZ audit process, reaccreditation is an important part of the community having confidence that Council's building consent processes are robust and thorough and meet legislative requirements.

Costs and Funding

- 25 The costs of the audit process and internal resources involved have been budgeted for and managed within existing budgets.

Policy Implications

- 26 There are no specific policy implications in relation to this audit, although IANZ reaccreditation is an important part of Council's broader risk management framework.

Analysis of Options

Option 1 – Reaccreditation

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none">• allows Council to legally process and issue consents as a building consent authority• gives customers confidence that Council's processes are robust• mitigates potential future liability• ensures that processes continue to reflect best practice.	<ul style="list-style-type: none">• none (albeit that the reaccreditation process is resource-hungry).

Option 2 – Failure to be reaccredited

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none">• none seen	<ul style="list-style-type: none">• cannot legally process and issue building consents• decline in confidence in Council• need to make an alternative arrangement for processing and issue of building consents, with likely associated significant costs and possible delays• difficulties in attracting and retaining staff.

Assessment of Significance

- 27 The IANZ reaccreditation process is not considered significant in terms of the relevant criteria of the Local Government Act 2002, hence recommendation (b) above.

Recommended Option

- 28 Option 1- Reaccreditation following the appropriate addressing of the nine General Non-Compliance items remaining to be cleared, to IANZ satisfaction.

Next Steps

- 29 The next steps in the process are for the Clearance Action Plan to be implemented to address the General Non-Compliances identified within the required timeframe, and for this information to be conveyed to IANZ.

Attachments

- A Assessment Report [↓](#)
B IANZ Audit 2019 - Clearance Action Plan [↓](#)



**BUILDING CONSENT AUTHORITY ACCREDITATION
ASSESSMENT REPORT**

**SOUTHLAND DISTRICT COUNCIL
19 TO 22 FEBRUARY 2019**

International Accreditation New Zealand, Private Bag 28908 Remuera Auckland 1541, Ph. (09) 525 6655, Fax (09) 525 2266

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INTRODUCTION

This report relates to the accreditation assessment of the Southland District Council Building Consent Authority (BCA) which took place during 19 to 22 February 2019 to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006* (the Regulations).

This report is based on the document review, witnessing of activities and interviews with the BCA's employees and contractors undertaken during the accreditation assessment.

A copy of this report, and subsequent information regarding progress towards clearance of non-compliance/s, will be provided to the Ministry of Business, Innovation and Employment (MBIE) in accordance with International Accreditation New Zealand's (IANZ) contractual obligations. This report may also be made publicly available by the BCA as long as this is not done in a way that misrepresents the content within. It may also be released under the Local Government Meetings and Official Information Act 1987 consistent with any ground for withholding that might be applicable.

ACCREDITATION FEEDBACK AND CONTINUING ACCREDITATION

Accreditation is a statement, by IANZ, that your organisation complies with the Regulations and MBIE BCA accreditation scheme guidance documents (as relevant). Where non-compliance with the Regulations has been identified, the Act requires that it must be addressed. This report will also highlight examples of good practice and performance.

This accreditation assessment found that the BCA was non-compliant with a number of accreditation requirements as detailed below. The non-compliances identified must be addressed before accreditation is continued.

Summary of the non-compliances identified during the assessment

Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance table/s detailing your proposed corrective actions and forward a copy to IANZ. This plan of action must be provided to IANZ by **29/03/2019**.

All non-compliances must be finally addressed and cleared by **31/05/2019**. To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe. If you do not agree with the non-compliances identified, please contact the Lead Assessor as soon as possible. If you need further time to address non-compliances, please contact the Lead Assessor as soon as possible.

Where you are seeking an extension to an agreed timeframe to address a non-compliance, your Chief Executive is required to make a formal request for an extension of the timeframe.

If you have a complaint about the assessment process, please follow the procedure set out in the IANZ complaint process which can be found in the IANZ Procedures and Conditions of Building Consent Authority Accreditation on the IANZ website.

Summary of the good practice and performance identified during the assessment

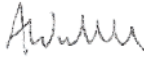

This accreditation assessment found the following aspects of the BCA's operations of particular note as good practice and/or performance which should be maintained:

- Staff were well managed, and passionate about their work. The BCA was well prepared for this IANZ assessment.

NEXT ACCREDITATION ASSESSMENT

Unless your BCA undergoes a significant change, requiring some form of interim assessment, or the BCA is unable to clear the identified non-compliances within the agreed timeframe, the next assessment of the BCA is planned for February 2021. You will be formally notified of your next assessment six weeks prior to its planned date.

ASSESSMENT SUMMARY

ORGANISATION DETAILS		
Organisation:	Southland District Council	
Address for service:	15 Forth Street Invercargill 9810 New Zealand	
Client Number:	7426	
Accreditation Number:	6	
Chief Executive:	Steve Ruru	
Chief Executive contact details:	Steve.ruru@southlanddc.govt.nz	
BCA Authorised Representative:	Michael Marron	
BCA Authorised Representative contact details:	Michael.marron@southlanddc.govt.nz	
BCA Quality Manager:	Bruce Halligan	
Number of BCA FTE's	Technical - 10 Administration - 2 FTE Vacancies - Nil	
ASSESSMENT TEAM		
Lead Assessor:	Adrienne Woollard	
Lead Assessor contact details:	awoollard@ianz.govt.nz	
Technical Expert:	Phil Judge	
MBIE observer/s:	None present	
IANZ REPORT PREPARATION		
Prepared by:	Adrienne Woollard	
Signature:		
Checked by:	Carolyn Osborne	
Signature:		
Date:	26/02/2019	
ASSESSMENT FINDINGS		
	This assessment:	Last assessment:
Total # of "serious" non-compliances:	0	
Total # of "general" non-compliances:	20	
Total # of non-compliances outstanding:	9	
Number of recommendations:	4	
Number of advisory notes:	0	
Date clearance plan required from BCA:	29/03/2019	
Date all non-compliances must be finally cleared:	31/05/2019	
Accreditation to continue with non-compliance clearance?	Yes	
NEXT ASSESSMENT		
Recommended next assessment type:	Full assessment	
Recommended next assessment date:	February 2021	
COMMENTS		

ASSESSMENT OBSERVATIONS**REGULATION 6A NOTIFICATION REQUIREMENTS**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures for notification of changes within the BCA to MBIE and IANZ addressed requirements. The BCA had recently demonstrated effective implementation of the procedure.	

REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS**Regulation 7(2)(a): providing consumer information**

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 1 Resolved on site
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Consumer information covered the requirements for how to apply for a building consent and how applications were processed, inspected and certified with the exception of the requirements of Section 112(1)(b). This was added during the assessment.	
GNC 1 Resolved on site	

Regulation 7(2)(b)-(c), and 7(2)(d)(i): receiving, checking and recording applications

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures for receiving, checking and recording applications had been documented and were generally appropriately implemented. Received applications were appropriately completed.	

Regulations 7(2)(d)(ii)-(iii): assessing and allocating applications

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>7(2)(d)(ii) Categorisation.</p> <p>Procedures addressed the requirements for categorisation. Projects were observed to be appropriately categorised.</p> <p>7(2)(d)(iii) Allocation.</p> <p>Procedures for allocation were appropriate. Work was allocated on the basis of location, building complexity, staff and contractor availability, and the competency of staff recorded in the skills matrix.</p>	

Regulation 7(2)(d)(iv)-(v): processing, granting and issuing consents

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 2 Partly resolved GNC 3 To be resolved
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R1
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>7(2)(d)(iv) Processing</p> <p>Procedures addressed most requirements except the procedure for managing minor variations and amendment required some clarification. This was amended during the assessment.</p> <p>GNC 2 – Resolved on site.</p> <p>Processors did not clearly identify which identified items were to be conditions on the consent and which were to be advice notes.</p> <p>GNC 2 – To be resolved.</p> <p>There was consistent recording of reasons for decisions for processing work. The level of recording was appropriate.</p> <p>7(2)(d)(v) Granting and Issuing consents</p> <p>The procedures for granting and issuing were appropriate.</p> <p>The procedures had been implemented however issued Building Consents did not fully meet the requirements of the Forms Regulations:</p> <ul style="list-style-type: none"> • Building consents included an attached document that documented required inspections and documentation however this was not clearly identified as containing either conditions to the consent or advice notes (or both). • Building Consents were not page numbered. • Some Building Consents with specified systems did not appropriately state whether a compliance schedule was or was not required. • The required statement regarding compliance schedules “The compliance schedule must contain the following specified systems and comply with the performance standards for those systems required by the building code” was not provided on issued building consents that involved specified systems. • Section 90 was not listed as a condition of the consent. • Notes on Building Consents referred to a “Code of Compliance” rather than the correct term which is a Code Compliance Certificate. <p>GNC 3 – to be resolved</p> <p>The documented procedures did not clearly describe who was able to stop the clock and for what type of issues. Records showed that an average of 98% of building consents had been issued within the statutory 20 day period however a number of consents were observed where the 20 day clock had been inappropriately stopped for planning and resource management issues. This had possibly skewed the data regarding compliance with the 20 day clock.</p> <p>GNC 3 – to be resolved</p>	

Lapsing

The BCA had documented and implemented an appropriate procedure for lapsing of consents where no work had started 12 months after issue of the consent. Some records were unclear as to whether the consents had been lapsed or the client had requested to withdraw its application. It is recommended that the BCA ensures that it can clearly identify which of these two categories a "lapsed" consent application falls into.

R1

Regulation 7(2)(e): planning, performing and managing inspections

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Inspections were planned as part of processing.</p> <p>Procedures for performing and managing inspections addressed the requirements of the Regulation.</p> <p>Inspections were observed to be thorough with appropriate decisions made.</p>	

Regulation 7(2)(f): code compliance certificates, compliance schedules and notices to fix

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 4 Partly resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Application for Code Compliance Certificate (CCC)</p> <p>Applications for CCC were seen to be fully completed by applicants.</p> <p>Code Compliance Certificates.</p> <p>Procedures addressed all requirements and implementation was effective in part.</p>	

Many issued CCCs did not include the correct Year First Constructed or Current Lawfully Established Use as required by Form 7 in the Building (Forms) Regulations 2004.

GNC 4 – to be resolved

The BCA appeared to be stopping the 20 day CCC clock while waiting for a final inspection. MBIE has provided guidance that indicates that the CCC clock can only be stopped while the BCA is waiting for further information to be satisfied that the building work complies with the building consent (this does not include a final inspection).

GNC 4 To be resolved

The BCA was observed to issue a CCC for each amendment that it had issued. This was not appropriate as just one CCC should have been issued for each building consent, including all amendments.

GNC 4 To be resolved

Compliance with timeframe

The BCA reported that it had been compliant with the statutory clock for issue of CCCs for only 78% of CCCs issued in the previous 12 months. This was significantly less than the required full compliance with statutory timeframes. The BCA was working to address this issue.

GNC 4 To be resolved

24 Month CCC Decision

A procedure for making a decision at 24 months whether to issue or refuse a CCC where no application had been received had been documented and implemented. Projects where no application for CCC had been received at 24 months were seen to be managed appropriately.

Compliance Schedules

Procedures for preparing and issuing Compliance Schedules with Code Compliance Certificates had been documented. Some examples reviewed were observed to be missing the following:

- The reporting requirements.
- Page numbering
- The type and make (if know) of the specified system installed

Some information was a general reference only and was not considered to be sufficiently site specific e.g. reference to C/AS1 – AS7.

Note that MBIE have indicated that the Compliance Schedule Handbook is a guidance document and not intended to be referred to as a reference document for compliance schedule content.

GNC 4 - Resolved on site

Notices to Fix

The BCA had documented an appropriate procedure for managing notices to fix. There had been no notice to fix related to the BCA issued since the last assessment.

Regulation 7(2)(g) and (h): customer enquiries and complaints

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>7(2)(g) Inquiries.</p> <p>Procedures addressed all requirements. Inquiries were accepted in person, or by phone, letter or email. They were appropriately managed.</p> <p>7(2)(h) Complaints.</p> <p>Information regarding making complaints was available on the Council's website and therefore accessible to applicants.</p> <p>The procedure for receiving and managing complaints had been documented. Complaints received appeared to have been appropriately investigated and resolved within the defined timeframes</p>	

REGULATION 8 ENSURING ENOUGH EMPLOYEES AND CONTRACTORS**Regulation 8(1): forecasting workflow**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The procedure for Strategic Management Review documented a requirement to perform an annual planning exercise that included consideration of the volume of building work that it had processed, inspected and certified over the past two years (including identification of any trends), and known pressures impacting the performance of the BCA's building control functions e.g. limited access to technical expert or specialist expertise.</p> <p>The BCA had carried out an annual review of its previous workflow and calculated its current FTE requirements.</p>	

Regulation 8(2): identifying and addressing capacity and capability needs and employing contractors as required

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 5 To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA demonstrated that it had sufficient processing resources as 98% of building consents had been issued within the statutory timeframe. (Note that it is possible that the figures provided for compliance of building consents with statutory timeframes may have been skewed by the clock being stopped for matters other than BCA matters.)</p> <p>Contractors had been utilised to address any shortfalls in BCA processing and inspection resources however it had failed to take sufficient action to address the shortfall where only an average of 78% of CCCs had been issued within the statutory 20 working day period.</p> <p>The BCA is required to demonstrate that it is actively working to address capacity and capability gaps.</p> <p>GNC 5 To be resolved</p>	

REGULATION 9 ALLOCATING WORK

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 6 Resolved during the assessment
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures addressed all requirements. Work reviewed had been appropriately allocated according to the Skills Matrix however there were some examples observed where the skills matrix did not align with the competencies detailed in the competence assessment. This was amended during the assessment.</p> <p>GNC 6 Resolved during the assessment</p>	

REGULATION 10 ESTABLISHING AND ASSESSING COMPETENCY OF EMPLOYEES**Regulation 10(1) and (3): assessing prospective employees**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had documented their procedure for assessing the competence of prospective employees. Records were seen to be appropriate.	

Regulation 10(2) and (3): assessing employees performing building control functions

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 7 - Resolved on site
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Competence assessments</p> <p>10(2)</p> <p>The BCA's system for assessing competence was based on the NCAS system and was appropriately implemented.</p> <p>Skills Matrix</p> <p>The BCA had documented a summary of the competency of its staff and contractors on a skills matrix. This did not accurately describe the outcomes of the competence assessments but was corrected during the assessment.</p> <p>GNC 7 Resolved on site</p> <p>10(3)(a) to (f)</p> <p>Competence assessments had been completed annually and were seen to include appropriate detail and evidence of what was reviewed.</p>	

REGULATION 11 TRAINING EMPLOYEES DOING A TECHNICAL JOB**Regulation 11(1) and (2)(a)-(d),(f) and (g): the training system**

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 8 To be resolved GNC 9 To be resolved GNC 10 To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>11(1) Training system</p> <p>The BCA had documented an appropriate system for training its employees who performed building control functions by doing a technical job. The BCA had recently implemented robust training procedures however the new process was not fully reflected in the documented procedures.</p> <p>GNC 8 To be resolved</p>	
<p>11(2)(a) Making annual training needs assessment</p> <p>The BCA's procedures specified that training needs would be assessed annually. There were records of annual training needs assessments for building control staff.</p>	
<p>11(2)(b) Preparing training plans</p> <p>The MBIE Guidance requests BCAs to record the identified training need, the training outcome to be desired, the training to be undertaken to achieve that specified outcome, the timeframe in which the training is to be undertaken and how the application of training will be monitored and reviewed. The BCA's training plans did not fully record this information in a retrievable manner.</p> <p>GNC 9 To be resolved</p>	
<p>11(2)(c) Ensuring employees receive agreed training</p> <p>Employees were receiving planned training. This was recorded in their training records.</p>	
<p>11(2)(d) Monitoring the application of training.</p> <p>The BCA did not have complete records of how training would be monitored so was unable to demonstrate that it was appropriately monitoring the application of training in the manner that it had planned.</p> <p>GNC 10 To be resolved</p>	
<p>11(2)(f) Recording employees qualifications, experience and training</p> <p>The BCA maintained records of the qualifications and experience of its employees.</p>	

11(2)(g) Recording continuing training information

The BCA had documented a procedure for recording continuing training information (including informal training undertaken). A review of records indicated that most records were up to date.

Regulation 11(2)(e): supervising employees doing a technical job under training

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had documented an appropriate procedure for supervision. Records of supervision were found to be appropriate.	

REGULATION 12 CHOOSING AND USING CONTRACTORS

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 11 Resolved during the assessment GNC 12 To be resolved
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R2
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
12(1) System for Choosing and Using Contractors The BCA's Quality Manual detailed its procedures for choosing and using contractors.	
12(2)(a) Competence of prospective contractors The BCA's procedure for establishing the competence of prospective contractors was appropriate. The BCA had requested evidence of qualifications and a current competence assessment from their most recently employed contractor (performing building control functions by doing a technical job).	
12(2)(b) Engaging contractors The BCAs procedures for engaging contractors addressed the requirements of the MBIE Guidance.	

The BCA had not recorded the procurement process that it had followed when engaging one recent contractor. Where contractors had a competence assessment completed independently from the BCA there was no record of consideration of the appropriateness of the assessment, including whether Regulations 10(3)(a) to (f) had been appropriately covered (or an assessment of the suitability of the Assessor).

GNC 11 Resolved during the assessment

12(2)(c) Contracts

Several issues were identified in the contract that the BCA held with Solutions Team.

- The contract stated that Solutions Team was an accredited BCA whereas it did not hold that status (and it was unclear whether the BCA had relied on that statement when deciding to employ Solutions Team as its contractor).
- There was an error in Appendix A, 2 (n) in the contract where Waitaki Building Consent Team was incorrectly referred to.
- The contract only referred to returning electronic records whereas the BCA sent hard copy records to Solutions Team
- The one performance monitoring requirement documented in the contract did not accurately reflect the BCA's performance requirement of the contractor (it was not clearly related to the BCA's requirement to issue building consents within 20 working days). MBIE guidance on performance criteria (for contractors) discusses timeliness, accuracy and commitment to customer service. The BCA must also be mindful that they require records generated by the contractor to meet 6(b)(c) and (d) of these regulations.

GNC 12 To be resolved

12(2)(d) Recording contractor's qualifications

The BCA recorded its contractor qualifications on a matrix. Contractors were seen to hold appropriate qualifications.

12(2)(e) Monitoring and reviewing contractor performance

Monitoring of contractor performance had occurred according to the requirements of the contract (contractor to process work through to RFI within 5 days) however action was yet to be taken to address the approximately 20% of applications that did not meet that performance criteria. The procedure only required an annual performance review and the contractor had been employed for less than a year so the intent of the procedure had been met however, it is recommended that contractor performance against key performance indicators is more closely monitored.

R2

The BCA had monitored the performance of the contractor against its quality parameters and had taken appropriate action to address items that it had identified.

12(2)(f) Annually (or more frequently) assessing contractors' competence

The BCA held current competence assessment of its contractors.

REGULATION 13 ENSURING TECHNICAL LEADERSHIP

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>13(a) Identifying competency of individuals to be Technical Leaders</p> <p>The procedure for identifying technical leaders (recorded in competence assessments) addressed the requirements of the regulation.</p> <p>13(b) Granting Technical Leaders powers and authorities.</p> <p>The technical leader was recorded on the Technical Leadership Register. Assessment of competence and suitability of the in-house technical leadership was recorded on the technical leader's competence assessment.</p>	

REGULATION 14 ENSURING NECESSARY (TECHNICAL) RESOURCES

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 13 Resolved during the assessment
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures for ensuring appropriate technical resources were found to be appropriate. Resources such as common standards were available to staff online.</p> <p>The procedure for calibration of equipment indicated that a number of critical measurements were not critical. The allowance of ± 2.5 °C for thermometers was not supported by appropriate evidence (no reason for decision recorded). This was altered during the assessment to reflect the current information and experience of the BCA.</p> <p>GNC 13 Resolved during the assessment</p> <p>Appropriate equipment, including thermometers and moisture meters, was made available to staff. Equipment was seen to have been appropriately calibrated and appropriate records were available.</p>	

REGULATION 15 KEEPING ORGANISATIONAL RECORDS

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 14 Resolved on site
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R3
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>15(1) Organisation chart</p> <p>The organisational chart identified the BCA's position within the council and the BCA staff. The BCA's relationships with external organisations were added during the assessment. The BCA's organisational chart detailed the FTEs within the BCA.</p> <p>GNC 14 Resolved on site</p>	
<p>15(2) Roles, responsibilities, powers, authorities and limitations on authorities.</p> <p>The BCA had recorded its employee's roles and responsibilities in Position Descriptions. The Position Descriptions did not clearly cover the roles and responsibilities of the BCA due to a difference between how the BCA and the Territorial Authority (TA) named staff roles. This was clarified in the procedures during the assessment. It is recommended that the BCA review all position descriptions to ensure that they accurately reflect the requirements of the BCA (including qualifications) and record the job titles as used by the BCA.</p> <p>R3</p> <p>Powers and authorities delegated to BCA (and other) staff were appropriate.</p>	

REGULATION 16 FILING APPLICATIONS FOR BUILDING CONSENT

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 15 Resolved during the assessment GNC 16 To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Regulation 16(1)</p> <p>The procedure for filing information did not record how amendments would be given a unique identification. This was added during the assessment.</p> <p>GNC 15 Resolved during the assessment.</p>	

Each building consent was allocated a unique number. Amendments were given the number of the related building consent with a XXXXX/2, XXXXX/3 etc. suffix. Staged consents were named in the same way which meant that it was unclear from the unique number whether the consent was a stage of a consent or an amendment. The description of the work did however clarify whether it was a consent stage or an amendment.

Regulation 16(2)(a)

The procedure for filing applications was generally being effectively implemented however information relating to amendments to a consent was not being added to the original consent file and superseded information in the original application was not being marked as "superseded".

GNC 16 To be resolved.

Information was found to be reasonably easily accessible and retrievable. Files were sent off site for scanning at both building consent and CCC stage and, although the information was off site for a period of time, the location of the information was monitored and the BCA had not experienced any loss of data.

The BCA was asked to provide evidence that the records would be readily accessible and retrievable for the life of the buildings the records related to. This needed to include consideration of security of documentation in the case of natural disaster. BCA management considered that backup storage of data in a nearby location would be appropriate, even in a natural disaster such as a flood.

REGULATION 17 ASSURING QUALITY

Regulations 17(1) and (2)(a): A quality assurance system that covers management and operations

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had appropriately documented and implemented a quality assurance system that met the requirements of the Regulations except as described in this report.	

Regulation 17(2)(b) and (3): A policy on quality and a quality manager

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 17 Resolved during the assessment.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>17(2)(b) Quality Policy</p> <p>The policy on quality recorded quality objectives but the quality performance indicators had not been formally recorded. These were recorded during the assessment.</p> <p>GNC 17 Resolved during the assessment.</p> <p>17(3) Quality Manager</p> <p>The BCA had a designated Quality Manager.</p>	

Regulation 17(2)(d) and 17(5): Management reporting and review, including of the quality system

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 18 Resolved during the assessment
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>17(2)(d) Management review and reporting.</p> <p>The BCA undertook management reporting during monthly and annual meetings.</p> <p>17(5) Annual review of the quality system.</p> <p>The requirements for annual strategic review were addressed in the procedures. The most recent Strategic Management Review addressed all requirements except to comment on the appropriateness and effectiveness of the systems. A further strategic management review meeting was held during the assessment and relevant comments were added to the meeting report (minutes) to address the shortfall.</p> <p>GNC 18 Resolved during the assessment</p>	

Regulation 17(4): Compliance with a quality assurance system

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Communications regarding the BCA's quality assurance system was undertaken during all BCA activities.	

Regulation 17(2)(c): Ensuring operation within any scope of accreditation

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Not applicable to a BCA that is also a Territorial Authority.	

Regulation 17(2)(e) Supporting continuous improvement

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 19 Resolved during the assessment
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures for continuous improvement (CI) included all of the requirements documented in the MBIE Guidance Checklist for this Regulation. The CI Register and examples reviewed indicated that the procedures had been effectively implemented with the exception that the seriousness of the issue, while considered, was not recorded. This was added to the CI forms during the assessment, along with a record of the planned timeframe to address the issues raised.	

GNC 19 Resolved during the assessment

Regulation 17(2) (h): Undertaking annual audits

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The procedures for undertaking annual or more frequent audits of all building control functions and Regulations addressed the requirements specified in the MBIE Guidance Checklist.</p> <p>The BCA had developed an appropriate audit plan for quality audits. Implementation of the procedure was seen to be effective. The BCA used its CI process to address identified issues.</p>	

Regulation 17(2)(i): Identifying and managing conflicts of interest

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The procedures addressed the requirements for identifying and managing staff conflicts of interest. The BCA was capturing and recording declared conflicts of interest.</p>	

Regulation 17(2)(j): Communicating with internal and external persons

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures for communications addressed all requirements and were seen to be effectively implemented.	

Regulation 17(3A): Complaints about building practitioners

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R4
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The procedures addressed how complaints about building practitioners would be made, including the recording of concerns about practitioners and the consideration of whether to make a complaint.</p> <p>While no complaints had been made since the last assessment, the BCA did have concerns about some practitioners. These had not been recorded. It is recommended that the BCA ensures that it records all concerns about practitioners, not just those concerns that they go on to make a complaint about.</p> <p>R4</p>	

REGULATION 18 TECHNICAL QUALIFICATIONS

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 20 Resolved during the assessment
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures addressed the requirements for ensuring employees and contractors doing a technical job held a technical qualification or were appropriately exempted. The requirements for exemption were clarified during the assessment to clearly identify that a new employee would be exempt for no more than one year before beginning to working towards a qualification.</p> <p>GNC 20 Resolved during the assessment</p> <p>The BCA had recorded the qualifications and/or exemptions for all of its employees and contractors.</p>	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 2	
Breach of regulatory requirement:	Regulation 7(2)(d)(iv) Processing	
Finding:	General Non-compliance	
Finding details:	Processors did not clearly identify which identified items were to be conditions on the consent and which were to be advice notes.	
BCA Actions required:	Please analyse the cause of the above finding and develop and implement an action plan to address the finding. Please provide evidence to demonstrate that the finding has been addressed.	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 3	
Breach of regulatory requirement:	Regulation 7(2)(d)(v) Granting and Issuing consents	
Finding:	General Non-compliance	
Finding details:	<p>Issued Building Consents did not fully meet the requirements of the Forms Regulations or the Act in the following ways:</p> <ul style="list-style-type: none"> • Building consents included an attached document that documented required inspections and documentation however this was not clearly identified as containing either conditions to the consent or advice notes (or both). • Building Consents were not page numbered. • Some Building Consents with specified systems did not appropriately state whether a compliance schedule was or was not required. • The required statement regarding compliance schedules "The compliance schedule must contain the following specified systems and comply with the performance standards for those systems required by the building code" was not provided on issued building consents that involved specified systems. • Section 90 was not listed as a condition of the consent. • Notes on Building Consents referred to a "Code of Compliance" rather than the correct term which is a Code Compliance Certificate. <p>Staff other than BCA staff were observed to be stopping the 20 day clock. The clock was being stopped for issues other than BCA issues.</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and develop and implement an action plan to address the finding.</p> <p>Please provide evidence to demonstrate that the finding has been addressed.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.

EVIDENCE	
Plan of action: <i>To be provided by BCA</i>	
Evidence of implementation: <i>To be provided by BCA</i>	
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 4	
Breach of regulatory requirement:	Regulation 7(2)(f) Code compliance certificates	
Finding:	General Non-compliance	
Finding details:	<p>Many issued CCCs did not include the correct Year First Constructed or Current Lawfully Established Use as required by Form 7 in the Building (Forms) Regulations 2004.</p> <p>The BCA was inappropriately stopping the 20 day CCC clock while waiting for a final inspection.</p> <p>The BCA was issuing a CCC for each amendment that it had issued.</p> <p>The BCA had been compliant with the statutory clock for issue of CCCs for only 78% of CCCs issued in the previous 12 months.</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and develop and implement an action plan to address the finding.</p> <p>Please provide evidence to demonstrate that the finding has been addressed.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 5	
Breach of regulatory requirement:	Regulation 8(2) Identifying and addressing capacity and capability needs and employing contractors as required	
Finding:	General Non-compliance	
Finding details:	The BCA had failed to take sufficient action to address the shortfall where only an average of 78% of CCCs had been issued within the statutory 20 working day period.	
BCA Actions required:	Please analyse the cause of the above finding and develop and implement an action plan to address the finding. Please provide evidence to demonstrate that the finding has been addressed.	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 8	
Breach of regulatory requirement:	Regulation 11(1) Training system	
Finding:	General Non-compliance	
Finding details:	The BCA had recently implemented robust training procedures however the new process was not fully described in the documented procedures.	
BCA Actions required:	Please analyse the cause of the above finding and develop and implement an action plan to address the finding. Please provide evidence to demonstrate that the finding has been addressed.	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 9	
Breach of regulatory requirement:	Regulation 11(2)(b) Preparing training plans	
Finding:	General Non-compliance	
Finding details:	The BCA's training plans did not fully record the identified training need, the training outcome to be desired, the training to be undertaken to achieve that specified outcome, the timeframe in which the training is to be undertaken and how the application of training will be monitored and reviewed in a retrievable manner.	
BCA Actions required:	Please analyse the cause of the above finding and develop and implement an action plan to address the finding. Please provide evidence to demonstrate that the finding has been addressed.	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 10	
Breach of regulatory requirement:	Regulation 11(2)(d) Monitoring the application of training	
Finding:	General Non-compliance	
Finding details:	The BCA did not have complete records of how training would be monitored so was unable to demonstrate that it was appropriately monitoring the application of training in the manner that it had planned.	
BCA Actions required:	Please analyse the cause of the above finding and develop and implement an action plan to address the finding. Please provide evidence to demonstrate that the finding has been addressed.	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 12	
Breach of regulatory requirement:	Regulation 12(2)(c) Contracts	
Finding:	General Non-compliance	
Finding details:	<p>Several issues were identified in the contract that the BCA held with Solutions Team.</p> <ul style="list-style-type: none"> • The contract stated that Solutions Team was an accredited BCA whereas it did not hold that status (and it was unclear whether the BCA had relied on that statement when deciding to employ Solutions Team as its contractor). • There was an error in Appendix A, 2 (n) in the contract where Waitaki Building Consent Team was incorrectly referred to. • The contract only referred to returning electronic records whereas the BCA sent hard copy records to Solutions Team • The one performance monitoring requirement documented in the contract did not accurately reflect the BCA's performance requirement of the contractor (it was not clearly related to the BCA's requirement to issue building consents within 20 working days). 	
BCA Actions required:	<p>Please analyse the cause of the above finding and develop and implement an action plan to address the finding.</p> <p>Please provide evidence to demonstrate that the finding has been addressed.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		

Evidence of implementation: <i>To be provided by BCA</i>	
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 16	
Breach of regulatory requirement:	Regulation 16(2)	
Finding:	General Non-compliance	
Finding details:	Information relating to amendments to a consent was not being added to the original consent file and superseded information in the original application was not being marked as "superseded".	
BCA Actions required:	Please analyse the cause of the above finding and develop and implement an action plan to address the finding. Please provide evidence to demonstrate that the finding has been addressed.	
IMPORTANT DATES		
Non-compliance to be cleared by:	31/05/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	29/03/2019	Click here to enter a date.
Complete evidence of implementation from BCA:	17/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Evidence of implementation: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

SUMMARY OF RECOMMENDATIONS

Recommendations are intended to assist your BCA to maintain compliance with the Regulations. They are **not** conditions for accreditation but a failure to make changes may result in non-compliance with the Regulations in the future.

It is recommended that:

R1 7(2)(d)(v)Lapsing

Some records were unclear as to whether the consents had been lapsed or the client had requested to withdraw its application. It is recommended that the BCA ensures that it can clearly identify which of these two categories a "lapsed" consent application falls into.

R2 12(2)(e) Monitoring and reviewing contractor performance

Monitoring of contractor performance had occurred according to the requirements of the contract (work to RFI with 5 days) however action was yet to be taken to address the approximately 20% of applications that did not meet the performance criteria. It is recommended that contractor performance against key performance indicators is more closely monitored.

R3 15(2) Roles, responsibilities, powers, authorities and limitations on authorities.

Position Descriptions did not clearly cover the roles and responsibilities of the BCA due to a difference between how the BCA and the Territorial Authority (TA) named staff roles. It is recommended that the BCA review all position descriptions to ensure that they accurately reflect the requirements of the BCA (including qualifications) and record the job titles as used by the BCA.

R4 17(3A) Complaints about building practitioners

The BCA had not recorded some of the concerns that it had experienced with some practitioners. It is recommended that the BCA ensures that it records all concerns about practitioners, not just those concerns that they go on to make a complaint about.

SUMMARY OF ADVISORY NOTES

Advisory notes are intended to assist your BCA to improve compliance with accreditation requirements based on IANZ's experience. They are **not** conditions for accreditation and do not have to be implemented to maintain accreditation.

IANZ advises that no advisory note were made.

SUMMARY TABLE OF NON-COMPLIANCE

The following table summarises the non-compliance identified with the accreditation requirements in your BCA's accreditation assessment. Where a non-compliance has been identified, a Record of Non-compliance template has been prepared detailing the issue, and to enable you to detail your proposed corrective actions to IANZ. You must update and return a template for each non-compliance identified.

Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendations	Advisory notes	
6(A)(1)	Choose an item.													
6(A)(2)	Choose an item.													
Regulation 7														
7(1)	Choose an item.													
7(2)(a)	General	GNC 1	Yes	Yes				Yes	N/A					Consumer information didn't cover the requirements of Section 112(1)(b) of the Act.
7(2)(b)	Choose an item.													
7(2)(c)	Choose an item.													
7(2)(d)(i)	Choose an item.													
7(2)(d)(ii)	Choose an item.													
7(2)(d)(iii)	Choose an item.													
7(2)(d)(iv)	General	GNC 2	Yes	Yes	Yes			No	31/5/19					Procedures didn't appropriately address managing minor variations and amendments. Processors did not clearly identify which identified items were to be conditions on the consent and which were to be advice notes
7(2)(d)(v)	General	GNC 3	Yes	Yes	Yes			No	31/5/19		1			<p>Issued Building Consents did not fully meet the requirements of the Forms Regulations:</p> <ul style="list-style-type: none"> • Building consents included an attached list of required inspections and documentation however this was not clearly identified as containing either conditions to the consent or advice notes (or both). • Building Consents were not page numbered. • Some Building Consents with specified systems did not appropriately state whether a compliance schedule was or was not required. • The required statement regarding compliance schedules "The compliance schedule must contain the following specified systems and comply with the performance standards for those systems required by the building code" was not provided on issued building consents that involved specified systems. • Section 90 was not listed as a condition of the consent. • Notes on Building Consents referred to a "Code of Compliance" <p>The documented procedures did not clearly describe who was able to stop the clock and for what type of issues.</p>

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Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendations	Advisory notes	
														A number of consents were observed where the 20 day clock had been inappropriately stopped for planning and resource management issues.
7(2)(e)	Choose an item.													
7(2)(f)	General	GNC 4			Yes			No	31/5/19					<p>CCC</p> <p>Many issued CCCs did not include the correct Year First Constructed or Current Lawfully Established Use.</p> <p>The BCA was stopping the 20 day CCC clock while waiting for a final inspection.</p> <p>The BCA was observed to issue a CCC for each amendment that it had issued.</p> <p>The BCA had been compliant with the statutory clock for issue of CCCs for only 78% of CCCs issued in the previous 12 months.</p> <p>Compliance Schedules</p> <p>Some Compliance schedules were missing:</p> <ul style="list-style-type: none"> • The reporting requirements. • Page numbering • The type and make (if know) of the specified system installed <p>Some information was a general reference only and was not considered to be sufficiently site specific e.g. reference to C/AS1 – AS7.</p>
7(2)(g)	Choose an item.													
7(2)(h)	Choose an item.													
Regulation 8														
8(1)	Choose an item.													
8(2)	General	GNC 5			Yes			No	31/5/19					The BCA had failed to take sufficient action to address the shortfall where only an average of 78% of CCCs had been issued within the statutory 20 working day period.
Regulation 9														
9	General	GNC 6			Yes			Yes	N/A					The skills matrix did not accurately describe the outcomes of the competence assessments.
Regulation 10														
10(1)	Choose an item.													
10(2)	General	GNC 7			Yes			Yes	N/A					The skills matrix did not accurately describe the outcomes of the competence assessments.
10(3)(a)	Choose an item.													
10(3)(b)	Choose an item.													
10(3)(c)	Choose an item.													

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Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendations	Advisory notes	
10(3)(d)	Choose an item.													
10(3)(e)	Choose an item.													
10(3)(f)	Choose an item.													
Regulation 11														
11(1)	General	GNC 8	Yes	Yes					No	31/5/19				The BCA had recently implemented robust training procedures however the new process was not fully reflected in the documented procedures.
11(2)(a)	Choose an item.													
11(2)(b)	General	GNC 9			Yes				No	31/5/19				The BCA's training plans did not fully record the identified training need, the training outcome to be desired, the training to be undertaken to achieve that specified outcome, the timeframe in which the training is to be undertaken and how the application of training will be monitored and reviewed.
11(2)(c)	Choose an item.													
11(2)(d)	General	GNC 10			Yes				No	31/5/19				The BCA did not have complete records of how training would be monitored so was unable to demonstrate that it was appropriately monitoring the application of training in the manner that it had planned.
11(2)(e)	Choose an item.													
11(2)(f)	Choose an item.													
11(2)(g)	Choose an item.													
Regulation 12														
12(1)	Choose an item.													
12(2)(a)	Choose an item.													
12(2)(b)	General	GNC 11	Yes	Yes	Yes				Yes	N/A				The BCA had not recorded the procurement process that it had followed when engaging one recent contractor. Where contractors had a competence assessment completed independently from the BCA there was no record of consideration of the appropriateness of the assessment, including whether Regulations 10(3)(a) to (f) had been appropriately covered (or an assessment of the suitability of the Assessor).
12(2)(c)	General	GNC 12			Yes				No	31/5/19				Issues were identified in the contract that the BCA held with Solutions Team. <ul style="list-style-type: none"> The contract stated that Solutions Team was an accredited BCA whereas it did not hold that status There was an error in Appendix A, 2 (n) in the contract where Waitaki Building Consent Team was incorrectly referred to. The contract only referred to returning electronic records whereas the BCA sent hard copy records to Solutions Team

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Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendations	Advisory notes	
														<ul style="list-style-type: none"> The one performance monitoring requirement documented in the contract did not accurately reflect the BCA's performance requirement of the contractor (it was not clearly related to the BCA's requirement to issue building consents within 20 working days).
12(2)(d)	Choose an item.													
12(2)(e)	Choose an item.										1			
12(2)(f)	Choose an item.													
Regulation 13														
13(a)	Choose an item.													
13(b)	Choose an item.													
Regulation 14														
14	General	GNC 13	Yes	Yes				Yes	N/A					The procedure for calibration of equipment indicated that a number of critical measurements were not critical. The allowance of ± 2.5 °C for thermometers was not supported by appropriate evidence (no reason for decision recorded).
Regulation 15														
15(1)(a)	General	GNC 14	Yes	Yes				Yes	N/A					The BCA's relationships with external organisations were added to the organisational chart.
15(1)(b)	Choose an item.													
15(2)	Choose an item.										1			
Regulation 16														
16(1)	General	GNC 15	Yes	Yes				Yes	N/A					The procedure for filing information did not record how amendments would be given a unique identification.
16(2)(a)	General	GNC 16	Yes	Yes	Yes			No	31/5/19					Information relating to amendments to a consent was not being added to the original consent file. Superseded information in the original application was not being marked as "superseded".
16(2)(b)	Choose an item.													
16(2)(c)	Choose an item.													
Regulation 17														
17(1)	Choose an item.													
17(2)(a)	Choose an item.													
17(2)(b)	General	GNC 17			Yes			Yes	N/A					Quality performance indicators had not been formally recorded.
17(2)(c)	Choose an item.													
17(2)(d)	Choose an item.													
17(2)(e)	General	GNC 19			Yes			Yes	N/A					The seriousness of CI issues was not recorded.
17(2)(h)	Choose an item.													
17(2)(i)	Choose an item.													
17(2)(j)	Choose an item.													
17(3)	Choose an item.													

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Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? (Enter Yes where applicable)						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendations	Advisory notes	
17(3A)(a)	Choose an item.											1		
17(3A)(b)	Choose an item.													
17(3A)(c)	Choose an item.													
17(4)(a)	Choose an item.													
17(4)(b)	Choose an item.													
17(5)(a)	General	GNC 18			Yes				Yes	N/A				Strategic Management Review didn't address the appropriateness and effectiveness of the systems.
17(5)(b)	Choose an item.													
Regulation 18														
18(1)(a)	Choose an item.													
18(1)(b)	Choose an item.													
18(1)(c)	Choose an item.													
18(3)(a)	General	GNC 20	Yes	Yes					Yes	N/A				Exemption were clarified during the assessment to identify that a new employee would be exempt for no more than one year before beginning to work towards a qualification.
18(3)(b)	Choose an item.													



IANZ Audit 2019 – Clearance Action Plan

Created to address outstanding GNC's only

GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
#2	Building Consent 7(2)(d)(iv) Processing	<p>Procedures didn't appropriately address managing minor variations and amendments.</p> <p>Processors did not clearly identify which identified items were to be conditions on the consent and which were to be advice notes</p>	<p>Shirley: Has actioned changes in Pathway during the audit.</p> <p>Scott: Update Promapp to differentiate conditions. Train team on new process.</p> <p>Michael: Update QAS on selecting conditions vs advice notes.</p>	<ul style="list-style-type: none"> 21st Feb 15th March 	<ol style="list-style-type: none"> Promapp that shows differentiation of Conditions and advice notes. Updated QAS on selecting conditions vs advice notes.
#3	Building Consent 7(2)(d)(v) Granting and Issuing consents	<p>Issued Building Consents did not fully meet the requirements of the Forms Regulations:</p> <ul style="list-style-type: none"> Building consents included an attached document that documented required inspections and documentation however this was not clearly identified as either conditions to the consent or advice notes (or both). Building Consents were not page numbered. 	<p>Shirley: Has actioned changes in Pathway during the audit. Issue with BC being generating correctly escalated to INFOR. Waiting to see this working.</p> <p>Scott: Update Promapp to highlight correct wording and advise 'do not touch' default wording.</p> <p>Julie: Train team on 'compliance schedule is/is not required' statement on consent and the correct terms to use e.g. Code</p>	<ul style="list-style-type: none"> 6th March 8th March 12th March 	<ol style="list-style-type: none"> Sample of 10 consents issued that comply with the approved template (2 x Need to include Compliance Schedules if possible, 2 x Need to include Amendments, 2 Need to include Stages, 2 Need to be New Dwellings, 2 x Need to be Alterations).



GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
		<ul style="list-style-type: none"> Some Building Consents with specified systems did not appropriately state whether a compliance schedule was or was not required. The required statement regarding compliance schedules “The compliance schedule must contain the following specified systems and comply with the performance standards for those systems required by the building code” was not provided on issued building consents that involved specified systems. Section 90 was not listed as a condition of the consent. Notes on Building Consents referred to a “Code of Compliance” rather than the correct term which is a Code Compliance Certificate. 	Compliance Certificate		



GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
#3	Stopping the Clock 7(2)(d)(v) Granting and Issuing consents	<p>The documented procedures did not clearly describe who was able to stop the clock and for what type of issues. A number of consents were observed where the 20 day clock had been inappropriately stopped for planning and resource management issues.</p>	<p>Julie: Workshop a new process for RFI's with all TA teams.</p> <p>Scott: Update Promapp on who can stop the clock and how RFI info is shared between BCA & TA. Educate both the TA + BCA on this.</p> <p>Julie: Work with John Pouw to change the 'task' that all TA departments use so that they cannot stop the BCA clock.</p> <p>Michael: Update QAS on who can stop the clock</p> <p>Michael & Julie: [Long Term] Obtain approval for resources and equipment to internally scan 'up front' and amend process for a single RFI letter (e.g. all teams' access the consent for the same 3 days and then one letter sent).</p>	<ul style="list-style-type: none"> • 4th March • 8th March • 15th March • 15th March • TBA 	<ol style="list-style-type: none"> 4. Amended QAS Manual 5. Pathway history for sample 10 consents where RM have requested further info and showing the clock has not been stopped by them. 6. Promapp that shows how requests will be sent from the TA to the BCA in a timely manner so that the need for RFI is considered and actioned by the BCO



GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
#4	Stopping the Clock 7(2)(f): code compliance certificates, compliance schedules and notices to fix	<p>The BCA was stopping the 20 day CCC clock while waiting for a final inspection.</p> <p>MBIE has provided guidance that indicates that the CCC clock can only be stopped while the BCA is waiting for further information to be satisfied that the building work complies with the building consent (this does not include a final inspection).</p>	<p>Julie: Work with John Pouw to enable the CCC timeframe being put on hold for RFI's as a result of a failed inspection.</p> <p>Michael: Write 'text to say' to request the customer agree to allow us to exceed the statutory timeframe for issuing a CCC. Write template to document the phone conversation.</p> <p>Lance: Amend procedure for Applications for CCC to ensure full process complies with 20 day statutory timeframe. Educate the team on requirements and process.</p> <p>Michael & Julie: Create a schedule to catch up on the backlog.</p>	<ul style="list-style-type: none"> • 12th March • 12th March • 12th March • 22nd March 	<p>7. Report showing date an application for CCC has been received and CCC is issued is within the 20 day time period including Final Inspection OR including hold for Failed Inspection / RFI Request sent / Agreed exceeding of the statutory Timeframe.</p> <p>8. Phone text and 3 examples of phone calls recorded where customer agrees to extend the statutory timeframe.</p>
#4	Issuing CCC's 7(2)(f): code compliance certificates, compliance schedules and notices to fix	<p>Many issued CCCs did not include the correct Year First Constructed or Current Lawfully Established Use as required by Form 7 in the Regulations 2004.</p>	<p>Julie: Train the team on the correct use of the CCC template to ensure it is populated correctly (TSP to use & BCO to check).</p>	<ul style="list-style-type: none"> • 12th March 	<p>9. 10 CCC's issued with the correct use of the existing template.</p>



GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
#4	Issuing CCC's 7(2)(f): code compliance certificates, compliance schedules and notices to fix	The BCA was observed to issue a CCC for each amendment that it had issued. This was not appropriate as just one CCC should have been issued for each building consent, including all amendments.	<p>Julie: Work with Gay Taylor & John Pouw to issue a single CCC that covers all amendments.</p> <p>Julie: Update Promapp to reflect Process and Pathway changes.</p> <p>Michael: Amend QAS procedure for sending CCC's</p> <p>Julie: Educate the team regarding CCC's for amendments. Include education that the Application for CCC is only sent with the first consent issued – not the amendments and issuing of a single CCC for original BC and all amendments.</p>	<ul style="list-style-type: none"> • 12th March • 12th March • 12th March • 12th March 	<p>10. 10 CCC's issued with amendments included (where possible).</p> <p>11. 5 CCC's issued with stages included (where possible).</p>
#4	Compliance Schedules	<p>Some Compliance schedules were missing:</p> <ul style="list-style-type: none"> • The reporting requirements. • Page numbering • The type and make (if 	<p>Lance: Rectified the template issue while IANZ were on site.</p> <p>Michael: Provide a copy of all Compliance Schedules issued for new dwellings since the audit</p>	<ul style="list-style-type: none"> • 21st February • 27th March 	12. Copies of adjusted compliance schedule and all new compliance schedules issued since the audit.



GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
		<p>know) of the specified system installed</p> <p>Some information was a general reference only and was not considered to be sufficiently site specific e.g. reference to C/AS1 – AS7.</p>	demonstrating ongoing compliance.	<ul style="list-style-type: none"> 12th March 	
#4	Compliance with Timeframe	The BCA had been compliant with the statutory clock for issue of CCCs for only 78% of CCCs issued in the previous 12 months.	<p>Julie: Implement toggle for all areas of BCA functions. Specifically ensure 'Final Inspections' being scheduled and CCC's issued. Complete training on this with the team.</p>	<ul style="list-style-type: none"> 12th March 	13. Change QAS and Promapp procedures to reflect correct clock stopping process.
#5	Capacity & Capability Gaps 8(2): identifying and addressing capacity and capability needs	The BCA had failed to take sufficient action to address the shortfall where only an average of 78% of CCCs had been issued within the statutory 20 working day period.	<p>Julie: Include CCC's issued onto the Dashboard for the BCA.</p> <p>Michael: Amend QAS manual to reflect procedure changes</p> <p>Julie: Update Promapp to reflect process change and educate the team on this process change.</p> <p>Michael: Amend capacity calculation spreadsheet (if needed).</p>	<ul style="list-style-type: none"> 12th March 12th March 12th March 22nd March 	14. Reports demonstrating compliance with statutory clock for BC's and CCC's from date of implemented change.



GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
#8	Training 11(1) the training system	The BCA had recently implemented robust training procedures however the new process was not reflected in the documented procedures.	Michael: Amend QAS to reflect the ACTUAL process being taken.	<ul style="list-style-type: none"> 12th March 	15. Amended training plans. 16. Amended QAS Manual 17. Monitoring of Training Calendar
#9	Training 11(2)(b) Preparing training plans	The BCA's training plans did not fully record the identified training need, the training outcome to be desired, the training to be undertaken to achieve that specified outcome, the timeframe in which the training is to be undertaken and how the application of training will be monitored and reviewed.	Julie: Amend training plan template: Julie: Train the team on the end to end approach for training including quality of information required by each party. Michael: Meet with each team member to update contents of their training template.	<ul style="list-style-type: none"> 12th March 12th March 22nd March 	
#10	Training 11(2)(d) Monitoring the application of training.	The BCA did not have complete records of how training would be monitored so was unable to demonstrate that it was appropriately monitoring the application of training in the manner that it had planned.	Michael: Create a monitoring calendar for training of BCA staff. Send out appointments & include in 'Performance Management Review' meetings. Update QAS manual to reflect final procedure.	<ul style="list-style-type: none"> 22nd March 	



GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
#12	Contracts 12(2)(c) Contracts	<p>Issues were identified in the contract that the BCA held with Solutions Team.</p> <ul style="list-style-type: none"> The contract stated that Solutions Team was an accredited BCA whereas it did not hold that status. There was an error in Appendix A,2(n) in the contract where Waitaki Building Consent Team was incorrectly referred to. The contract only referred to returning electronic records whereas the BCA sent hard copy records to S-Team The one performance monitoring requirement documented in the contract did not accurately reflect the BCA's performance requirement of the contractor (it was not clearly related to the BCA's requirement to issue building consents within 20 working days). 	<p>Julie & Michael: Define 'minimum requirements' from contractors (e.g. Use our QAS Manual, monitoring of performance quarterly etc.).</p> <p>Julie & Michael: Review the Solutions Team and Stantec contracts. Propose revised contracts with legal advice & submit to contractors.</p> <p>Michael: Obtain signature on new contract with Solutions Team:</p>	<ul style="list-style-type: none"> 15th March 22nd March 27th March 	<p>18. Revised Solutions Team Contract</p> <p>19. Monitoring Calendar for Contract</p>



GNC	Topic & Section	IANZ Notes	Rectification Method & Person Responsible	Due Date	Evidence to give IANZ on 29 March 19
#16	Amendments 16 Filing applications for building consent	Information relating to amendments to a consent was not being added to the original consent file. Superseded information in the original application was not being marked as "superseded".	<p>Michael: Amend the QAS manual to reflect the procedure changes.</p> <p>Julie: Educate the team that ALL RFI responses plus amendment documentation is to be kept and superseded documents to be marked 'superseded' and kept on file.</p> <p>Julie: Work with Gillian to amend the scanning process to reflect the file correctly with amendments. THEN put a 'scan up front' and 'file with superseded' process on paper for consideration and auctioning.</p>	<ul style="list-style-type: none"> • 12th March • 12th March • 28th Feb 	20. Updated QAS Manual 21. 5 x Sample consents where the scanned records show the amendment collated and superseded documents stamped.

Freedom Camping Update

Record No: R/19/2/3863
Author: Michael Sarfaiti, Environmental Health Manager
Approved by: Bruce Halligan, Group Manager Environmental Services

Decision Recommendation Information

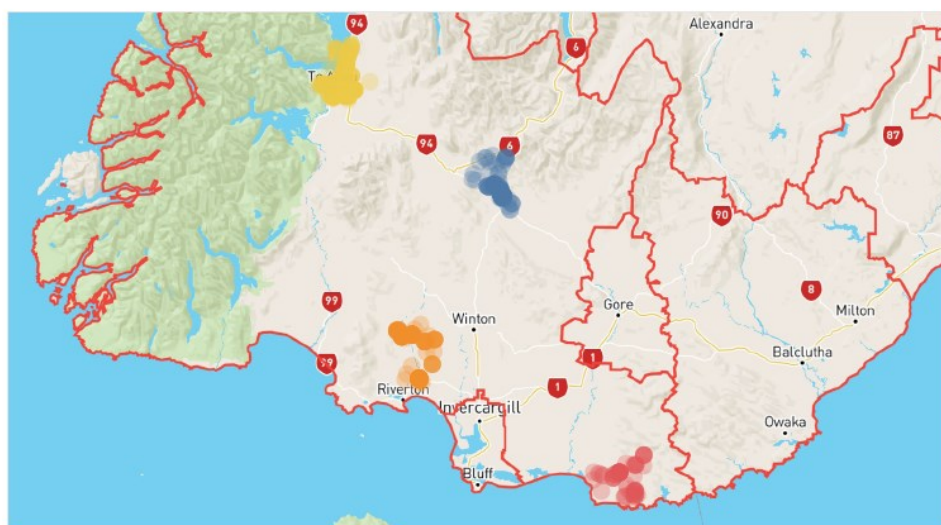
Hotspots

- Council has starting receiving monthly reports from CamperMate, an example is in **Attachment A**. Note this data includes users of the app that stayed in camping grounds, that explains to an extent the large number around Te Anau. A snapshot from that report is included below, that illustrates very well where the hot spots are in the District:

2-Key Areas In Your Regions Where Users Are Staying Each Night

Key Areas In Your Region

We capture data on where users are spending the night. The visualisation below creates four distinct clusters of where the main areas of overnight stays take place (these must be within a 10km radius to be counted as a cluster). The table below this visualisation, shows the number of overnight stays per clustered area.



Number Of Overnight Stays Per Cluster

■ Cluster 2	■ Cluster 1	■ Cluster 4	■ Cluster 3
3,174	760	243	71

Te Anau

- Council is a managing the freedom camping shared service this season. DOC pays 50% of the service.
- This year is the second year in a two year agreement. Staff have no intentions of discontinuing the model, and propose to enter into another 2 or 3 year agreement with DOC.

Regulatory and Consents Committee

27 March 2019

- 4 The service involves an evening educational patrol, followed by an infringement patrol, where campers are fined if they are camping in a prohibited area. This season, about \$3,000 has been received from infringement fees, each fine having a fee of \$200. The recovery rate is about 50% of fines issued.

Lumsden

- 5 Council resolved on 23 November 2017 to not proceed with amending the local rules for Lumsden, and to continue with the current Freedom Camping Bylaw, and review the Bylaw for Lumsden at a later date individually or as part of a larger overall review of the Freedom Camping Bylaw 2015.
- 6 A new toilet block has been completed, and the car park sealed and marked. The layout is illustrated in Attachment B.
- 7 The green strip of parks beside the train, by the grass, continues as a trial area. The Freedom Camping Bylaw 2015 does not permit non-self-contained camping in those parks, however with agreement from the three Ward Councillors this trial has been authorised. Staff do not propose to change this arrangement until the next review of the bylaw.
- 8 A local volunteer warden continues to educate campers at this location. Feedback from the CDA is that campers are not causing problems generally.
- 9 Staff investigated introducing a compliance service similar to that in Te Anau, however this did not proceed as there was not sufficient need for the service.

Riverton and surrounds

- 10 The Riverton/Aparima Community Board had considered (in 2016) whether to ask Council to provide a compliance service in the Riverton area, but decided not to, and to continue its own monitoring. There are two popular freedom camping sites in Thornbury and Monkey Island that permit non-self-contained camping, along with a number of other sites that permit self-contained camping.
- 11 The author believes that this area is similar to the Catlins area, in that camping in prohibited areas is not expected to be a significant problem due to the two nearby non-self-contained sites being available.

Catlins

- 12 A shared service is operating in the Catlins, between DOC, Clutha District Council, and SDC. This season the service is being managed by DOC, next season by SDC.
- 13 The service involves three daytime patrols each week in the District, and no infringement fines are issued – any insistence on the issuing of fines by SDC would have derailed the service.
- 14 The author completed several late night/early morning patrols last year, and these suggest that freedom camping non-compliance is not a serious problem in this area.
- 15 The operator of the Curio Bay Camping Ground advises that he has serious problems with freedom campers using the camping ground covertly.

Tourism Holdings (THL)

- 16 THL is New Zealand's largest campervan hire company, and has about 1800 vehicles operating under the Maui, Britz and Mighty campervan brands. THL has been running a pilot with QLDC and TCDC has invited other Councils to participate. The pilot involves requiring their customers who receive infringement fines to pay upon return of the vehicles.
- 17 The author has advised THL of Council's interest in participating.

Government

- 18 The Responsible Camping Working Group was set up in April 2018 to provide the Minister of Tourism with:
- an evaluation of the role of responsible camping in New Zealand's tourism and recreation offering
 - recommendations for better management of the camping system
 - practical actions to support councils to manage freedom camping in their regions during the 2018/2019 peak summer season.
- 19 The Responsible Camping Working Group is driven by the MBIE, and its members are:
- Mayor Hon Steve Chadwick, Rotorua District
 - Mayor Jim Boulton, Queenstown Lakes District
 - Mayor Tim Cadogan, Central Otago District
 - Deputy Mayor Andrew Turner, Christchurch City
 - Chris Roberts, Tourism Industry Aotearoa
 - Grant Webster, Tourism Holdings Limited
 - Bruce Lochore, New Zealand Motor Caravan Association
 - a senior official from the Ministry of Business, Innovation and Employment (MBIE)
 - a senior official from the Department of Internal Affairs
 - a senior official from the Department of Conservation.
- 20 The responsible camping working group is meeting again on 13 March 2019, and MBIE will update the group with their recommendations. Following that meeting MBIE staff will coordinate the seeking of approval from ministers on a number of next steps.
- The "Report of the Responsible Camping Working Group" dated 31 July 2018 gives an indication of what some of these steps may be, including:
- national consistency
- review of the compliance regime
 - review of the camping ground regulations
 - review the administration system concerning the standard for self-containment
 - use of technology
 - use of data
- 21 A possible outcome is to focus more on the implementation of the Freedom Camping Act, rather than reviewing the act itself.

Recommendation

That the Regulatory and Consents Committee:

- a) **Receives the report titled “Freedom Camping Update” dated 13 March 2019.**

Attachments

- A Attachment A - CamperMate report for January 2019 [↓](#)
- B Attachment B - Lumsden Information Board [↓](#)



National

FREEDOM CAMPING REPORT

Southland District
Jan-2019



Your Council Region-Southland District

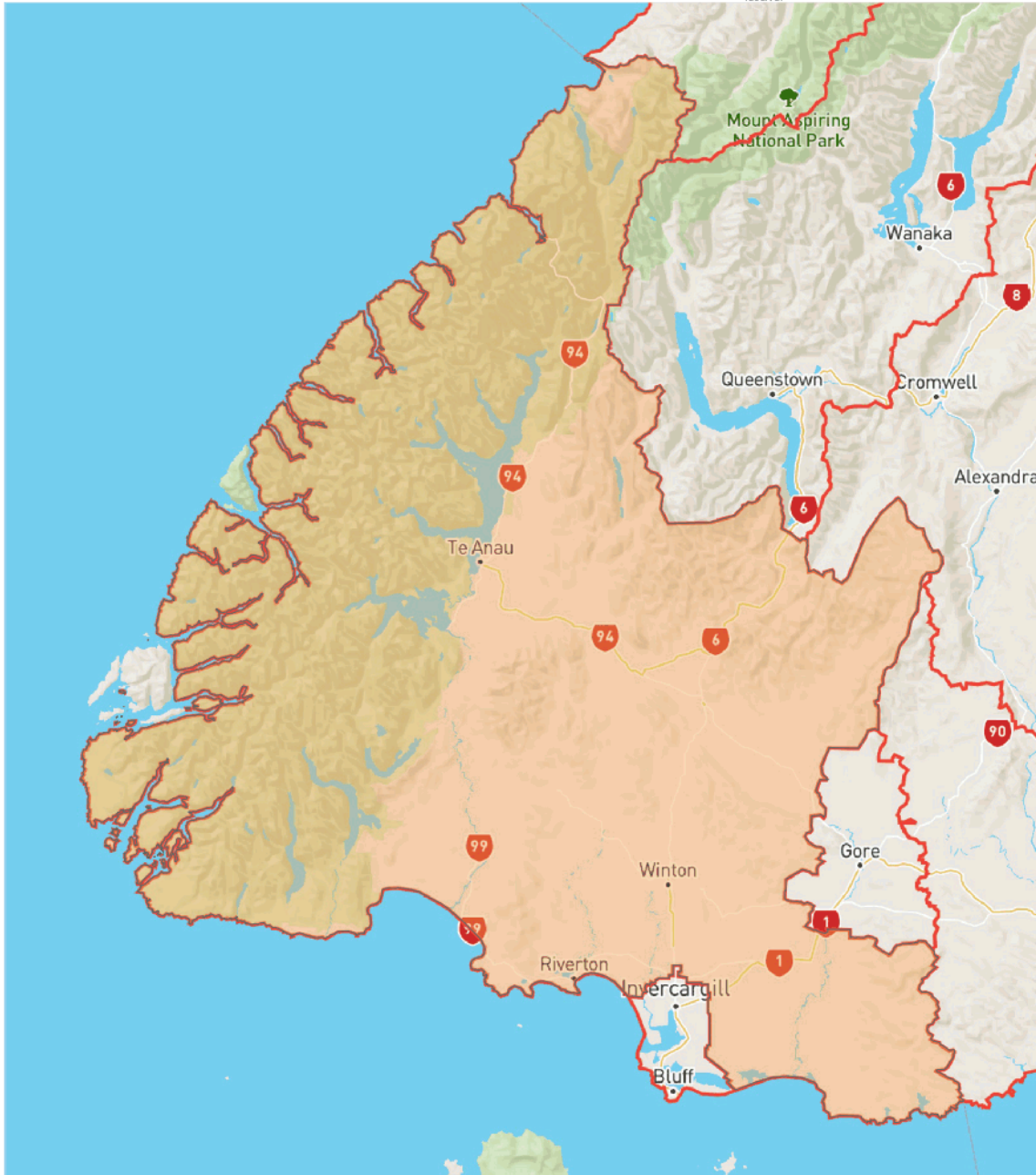
The following report uses GPS and event data captured from the CamperMate smartphone application and other GeoZone applications during the period Jan-2019 and within the boundaries of the Southland District region.

**Total events analysed
in your region during
the month**

2,828,408

An event could mean an individual's updated user GPS location, a category tap on the app, a profile page view basically an event is an action that we receive.

Your Region Boundary For Southland District



1-Overnight Stays

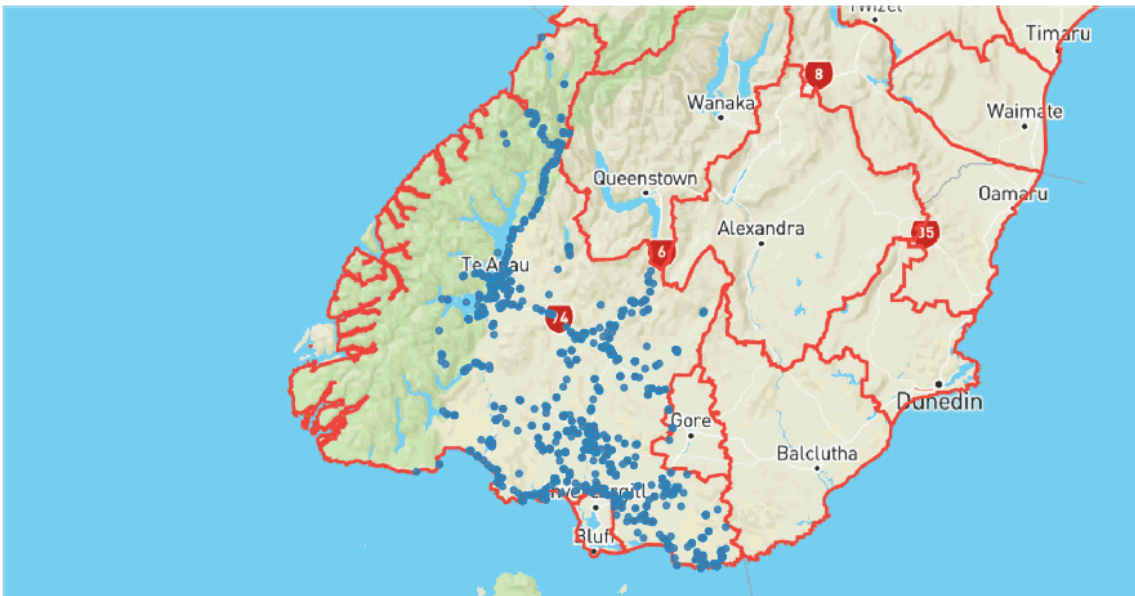
What Areas Are Users Spending Nights In Our Region?

We log data on where we believe users have spent the night. In many cases this will be at commercial holiday parks however this will also be at freedom campsites, both designated and not. This will give an indication on the popularity of various sites in the region. Our GPS data can have a +/- of around 10 metres.

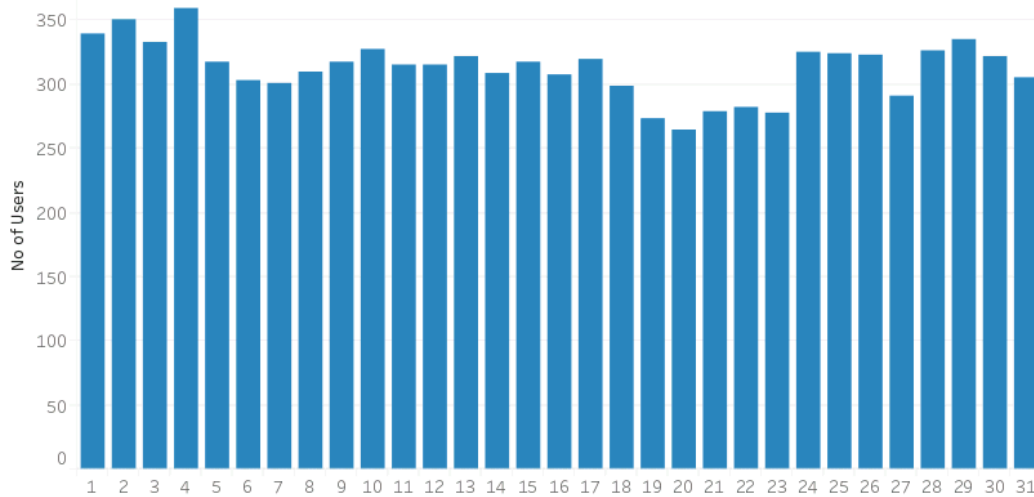
Note: Please keep this confidential as this data can be considered commercially sensitive to holiday parks.

Total Overnight Stays Analysed In Jan-19 Southland District 9,692

Overnight Stay Locations (One Dot = One Night)



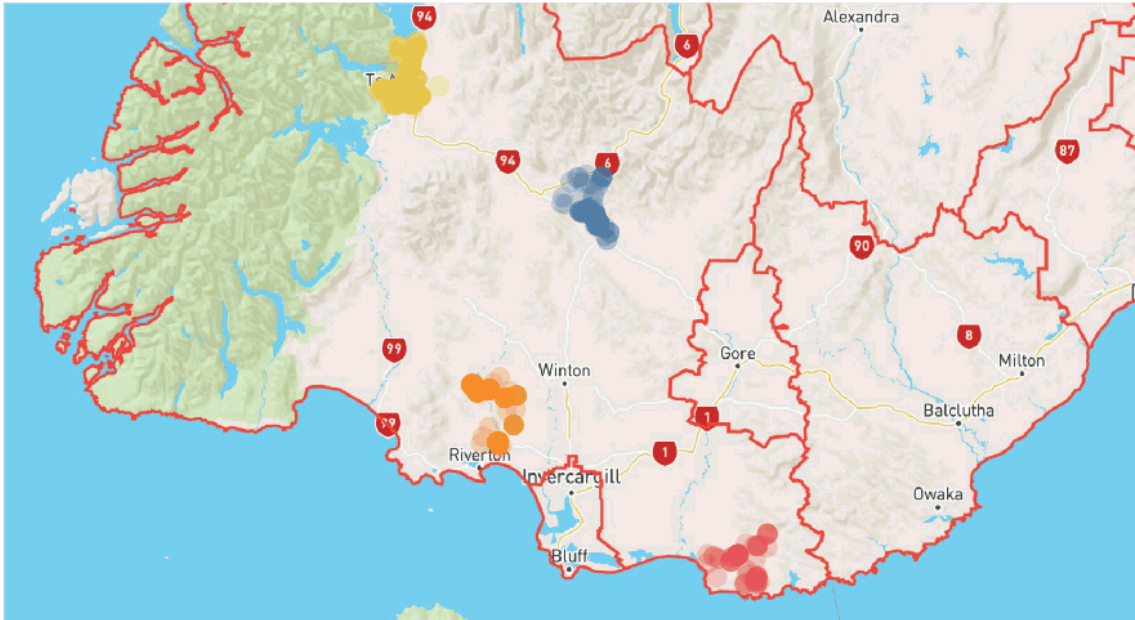
Overnight Stays By Day Of Month



2-Key Areas In Your Regions Where Users Are Staying Each Night

Key Areas In Your Region

We capture data on where users are spending the night. The visualisation below creates four distinct clusters of where the main areas of overnight stays take place (these must be within a 10km radius to be countered as a cluster). The table below this visualisation, shows the number of overnight stays per clustered area.



Number Of Overnight Stays Per Cluster

■ Cluster 2	■ Cluster 1	■ Cluster 4	■ Cluster 3
3,174	760	243	71

3-Prior/Next Region

What Areas Do Users Go Prior/Next?

We log data on the movement of users and in this case, we log which region they have come from, and which region they go to after immediately visiting your region.

Note: This is based on the users GPS location in region.

Next Region

Went To Region	Crossings
Queenstown-Lakes District	38.3%
Invercargill City	30.2%
Clutha District	11.8%
Gore District	9.9%
Dunedin City	2.2%
Central Otago District	1.9%
Mackenzie District	0.8%
Westland District	0.8%
Christchurch City	0.7%
Waitaki District	0.6%
Auckland	0.4%
Tasman	0.3%
Selwyn District	0.2%
Timaru District	0.2%
Marlborough	0.1%

Prior Region

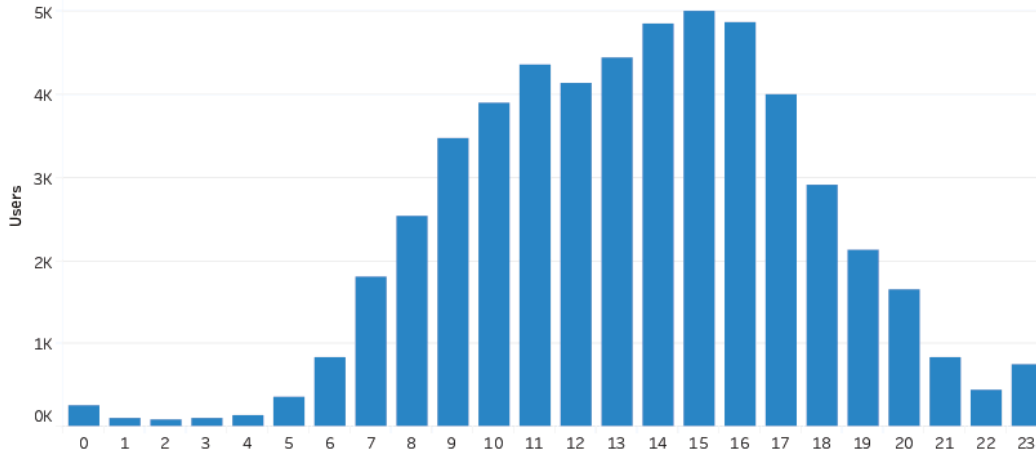
Entered From Region	Crossings
Queenstown-Lakes District	41.63%
Invercargill City	29.54%
Clutha District	11.46%
Gore District	9.07%
Dunedin City	1.83%
Central Otago District	1.63%
Christchurch City	0.63%
Mackenzie District	0.58%
Westland District	0.58%
Waitaki District	0.44%
Auckland	0.38%
Tasman	0.31%
Selwyn District	0.17%
Marlborough	0.17%
Timaru District	0.13%

4-Time Entering/Exiting Region What Time Are Users Coming Into Your Region?

We log data on users location and the time that movement occurred. We use this combination of data to identify what time users are entering and exiting your region.
Note: This includes all visitors to your region. This is the time their device sent us their location in one region, then their next GPS location appears within your boundary.

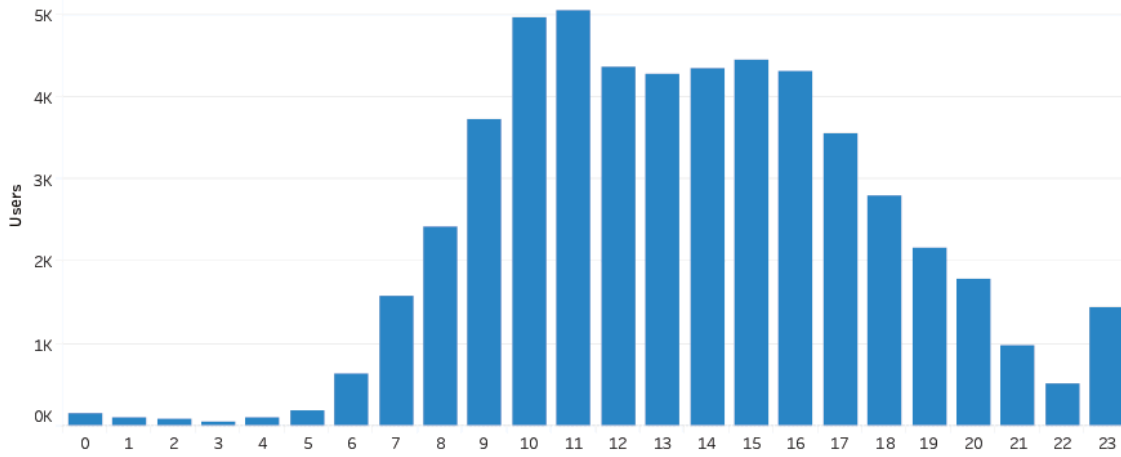
Time Of Day Entering Your Region

Hour of day users entered region.



Time Of Day Leaving Your Region

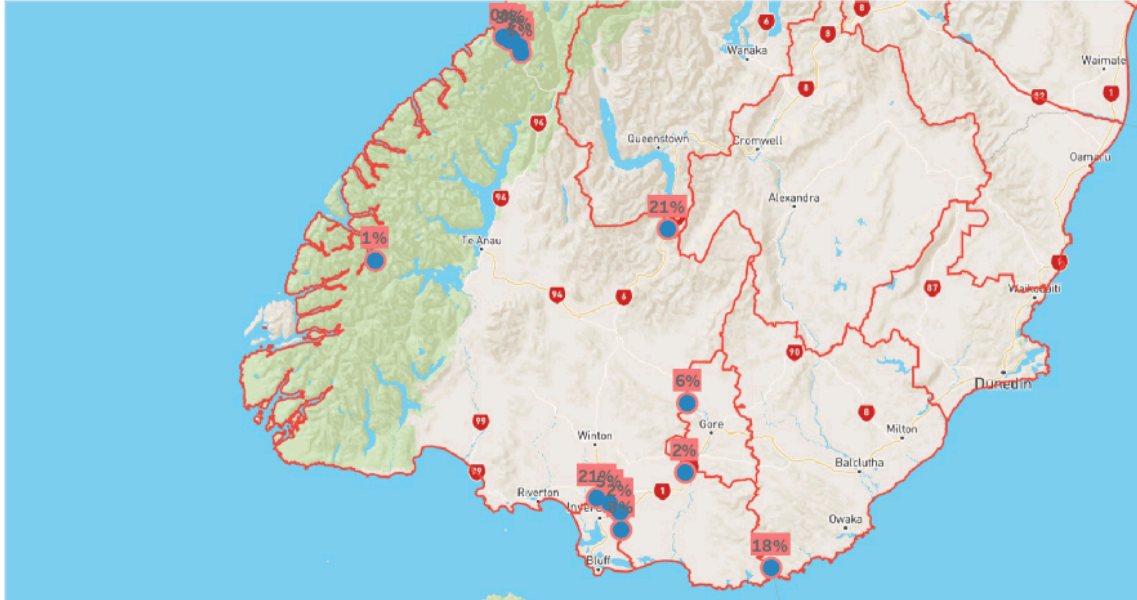
Hour of day users leave region.



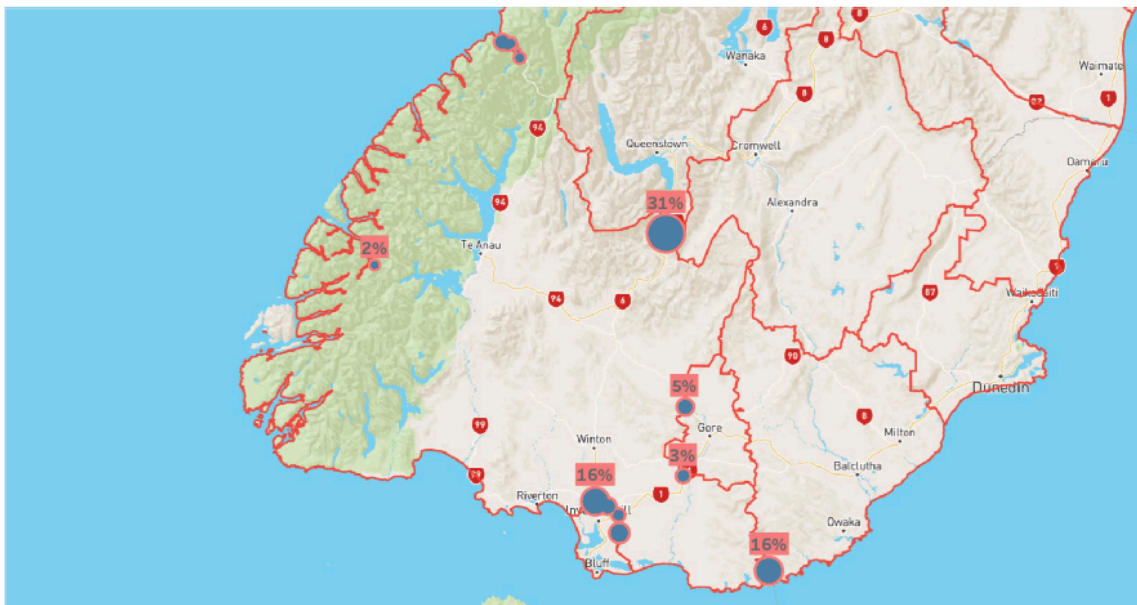
5-Roading Entry Points Into Region What Roads Are Users Taking To Enter Our Region?

GPS data is captured from devices as they move. We log this data and determine how they are entering the region using the road network.

User Inflow For Southland District Along Road Network



User Outflow For Southland District Along Road Network



6-Number of Nights In Southland District

How Long Are Users Spending In The Region

This table below shows how long users are spending in your region. Zero nights means they are arriving in the region and leaving the same day. 1 night means that we're capturing their location in your region, then the next night we're seeing their location in another region.

Note: This will include locals data, however after 10 days of no use the app will no longer show them as in the region.

No of nights	International			Domestic		
	Your Region	% in Region	% National	Your Region	% in Region	% National
0	11,195	72.5%	62.2%	2,118	73.4%	62.2%
1	2,635	17.1%	8.4%	444	15.4%	6.8%
2	990	6.4%	5.1%	123	4.3%	4.4%
3	327	2.1%	3.9%	50	1.7%	4.1%
4	129	0.8%	2.9%	40	1.4%	3.0%
5	60	0.4%	2.4%	33	1.1%	2.5%
6	34	0.2%	2.0%	11	0.4%	2.1%
7	11	0.1%	1.7%	14	0.5%	1.7%
8	12	0.1%	1.5%	5	0.2%	1.5%
9	9	0.1%	1.3%	10	0.3%	1.4%
10	5	0.0%	1.1%	3	0.1%	1.3%
11	6	0.0%	1.0%	3	0.1%	1.1%
12	6	0.0%	0.9%	1	0.0%	1.1%
13	7	0.0%	0.8%	4	0.1%	0.8%
14	2	0.0%	0.7%	4	0.1%	0.8%
>14 nights	17	0.1%	4.2%	21	0.7%	5.4%

Time spent in your region as a % of total time in New Zealand

*International travellers only.

3.8%

7-Public Toilet Search Locations

Where do we need to add more Toilets?

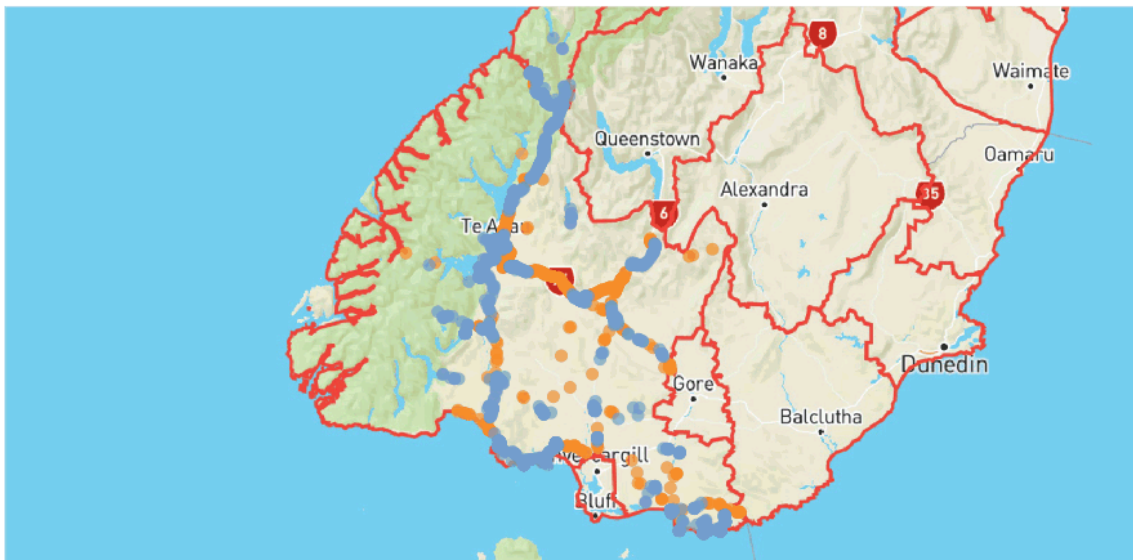
GPS data is captured from devices as they search for certain things on the app. We log data on searches for 'Public Toilets' and determine where these searches take place. We then cross reference this data with the actual locations of public toilets that we have on the database (approx 7,500 in total) and determine where people are searching for public toilets, if the distance is greater than 5kms. If there's an increasing number of searches taking place in a certain area, it would be helpful to consider placing facilities there. Note: if there's a public toilet that we don't know about please tell us as this will impact the report.

This view shows us where toilet searches occurred in your region.

Orange indicates the search was more than 5km from the nearest identified toilet.

Distance from toilet
■ < 5km
■ > 5km

Public Toilet Searches



Nearest Public Toilet To Search

This table below shows for all of the searches that occurred where the toilet was more than 5kms away from the search location, where the nearest public toilet was. A high number of searches, with a large 'Avg. distance km' would indicate there is a high need for a public toilet near where those searches are taking place. Note: This visualisation works off our database of public toilets. If there is a public toilet which we don't know about, please let us know as this will change the visualisation.

Note: If there is no table there were no toilet searches in your region more than 5km from a public toilet. You can search for the POI ID on CamperMate to find the location of this toilet if it doesn't have a name.

Poi Id	Nearest toilet to search location	Number of searches	Avg. distance km
20721	Public Toilet	38	8.1
91879	Lower Princhester Hut Toilet	34	7.3
34680	Car park wildlife center	22	6.9
156943	Deep Water Basin Rd	22	5.4
27193	Te Anau Library	20	6.3
27279	Garston	17	5.9
45010	Public Toilet	17	8.0
91861	Norski Wildnerness Toilet	17	8.0
149866	Playground	13	7.2
36225	Orepuki	11	7.8

8-Freedom Campsite Popularity

What Are The Freedom Campsites We Need To Focus Our Attention On?

We capture the amount of times users viewed a profile page (information on the freedom campsite).

This gives us a good sense of popularity. We use this data to determine what freedom campsites in your region are getting the most views and therefore are the most popular.

Total Views Of Campsites In Your Region (Not Commercial sites)

Monthly count of users browsing campsites in your region.

Poi Name	No of Views
Lumsden Parking Area	10,103
Weir Beach Reserve	8,641
Monowai Campsite	6,596
South Arm Campsite (Lake Manapouri) (** R..	6,514
Monkey Island Road Reserve	5,065
Waikawa Recreation Reserve	4,333
Thornbury Bridge Picnic Area	3,619
Fortrose Township A	3,250
Thicket Burn Campsite	3,199
Clifden Swing Bridge	2,770
Colac Bay	2,440
Boat Harbour	2,425
Dunsdale Recreation Reserve	1,303
Winton Free Camping Area	1,209
Edendale Camping Area	1,162
Alex McKenzie Park & Arboretum	1,019
Riversdale	783
Mandeville-Taylor Park	703
Dipton Parking Area	665
Browns Camping Area	618
Hall Arm Campsite	522
Limehills Camping Area	516
Nightcaps	462
Otautau	360
Waikaia Free Camping	306

9-Profile Viewing Distance

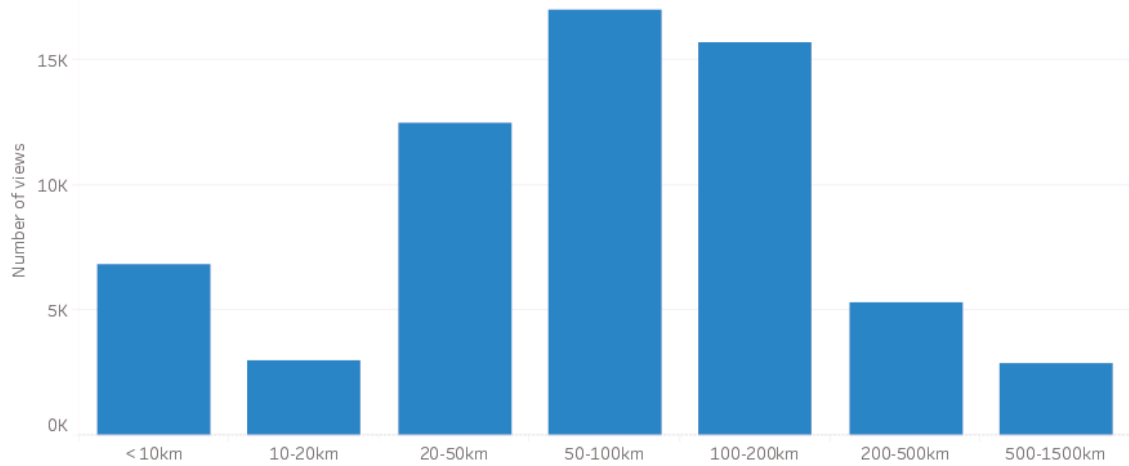
How Far Away Are Users Viewing Freedom Campsites?

We capture data on where viewers are looking at Freedom campsite profile pages. This graph below aggregates all of the profile page views by distance for your regions campsites. To view each individual freedom campsite in your area see below this graph.
Note: This does not include commercial sector data

Campsite Views By Distance

Distance that users were from campsites when viewing the profile page.

Note: This data is aggregated for all of your sites.



10-Profile Viewing Distance

How Far Away Are Users When Viewing Freedom Campsites?

		Number of views	% of views
Alex McKenzie Park & Arboretum	< 10km	67	6.9%
	10-20km	51	5.3%
	20-50km	277	28.6%
	50-100km	219	22.6%
	100-200km	193	19.9%
	200-500km	94	9.7%
	500-1500km	50	5.2%
	Overseas	19	2.0%
	Total	970	100.0%
Boat Harbour	< 10km	216	9.5%
	10-20km	135	5.9%
	20-50km	678	29.7%
	50-100km	421	18.4%
	100-200km	494	21.6%
	200-500km	154	6.7%
	500-1500km	66	2.9%
	Overseas	120	5.3%
	Total	2,284	100.0%
Browns Camping Area	< 10km	28	4.8%
	10-20km	4	0.7%
	20-50km	187	31.9%
	50-100km	165	28.1%
	100-200km	118	20.1%
	200-500km	24	4.1%
	500-1500km	23	3.9%
	Overseas	38	6.5%
	Total	587	100.0%
Clifden Swing Bridge	< 10km	259	9.7%
	10-20km	100	3.7%
	20-50km	434	16.3%
	50-100km	980	36.7%
	100-200km	582	21.8%
	200-500km	167	6.3%
	500-1500km	67	2.5%
	Overseas	78	2.9%
	Total	2,667	100.0%
Colac Bay	< 10km	234	10.0%
	10-20km	320	13.7%
	20-50km	646	27.6%
	50-100km	362	15.4%
	100-200km	465	19.8%
	200-500km	158	6.7%
	500-1500km	59	2.5%
	Overseas	100	4.3%
	Total	2,344	100.0%

10-Profile Viewing Distance

How Far Away Are Users When Viewing Freedom Campsites?

		Number of views	% of views
Dipton Parking Area	< 10km	16	2.5%
	10-20km	66	10.5%
	20-50km	50	8.0%
	50-100km	265	42.2%
	100-200km	158	25.2%
	200-500km	23	3.7%
	500-1500km	18	2.9%
	Overseas	32	5.1%
	Total	628	100.0%
Dunsdale Recreation Reserve	< 10km	34	2.7%
	10-20km	3	0.2%
	20-50km	295	23.7%
	50-100km	361	29.0%
	100-200km	348	28.0%
	200-500km	86	6.9%
	500-1500km	71	5.7%
	Overseas	45	3.6%
	Total	1,243	100.0%
Edendale Camping Area	< 10km	80	7.1%
	10-20km	23	2.0%
	20-50km	475	42.2%
	50-100km	203	18.0%
	100-200km	258	22.9%
	200-500km	48	4.3%
	500-1500km	16	1.4%
	Overseas	23	2.0%
	Total	1,126	100.0%
Fortrose Township A	< 10km	339	10.9%
	10-20km	285	9.2%
	20-50km	988	31.8%
	50-100km	580	18.7%
	100-200km	557	17.9%
	200-500km	174	5.6%
	500-1500km	90	2.9%
	Overseas	92	3.0%
	Total	3,105	100.0%
Hall Arm Campsite	< 10km	3	0.6%
	10-20km	3	0.6%
	20-50km	38	8.0%
	50-100km	69	14.5%
	100-200km	192	40.3%
	200-500km	74	15.5%
	500-1500km	46	9.6%
	Overseas	52	10.9%
	Total	477	100.0%

10-Profile Viewing Distance

How Far Away Are Users When Viewing Freedom Campsites?

		Number of views	% of views
Limehills Camping Area	< 10km	26	5.3%
	10-20km	15	3.1%
	20-50km	156	32.0%
	50-100km	123	25.2%
	100-200km	115	23.6%
	200-500km	18	3.7%
	500-1500km	11	2.3%
	Overseas	24	4.9%
	Total	488	100.0%
Lumsden Parking Area	< 10km	1,472	15.2%
	10-20km	286	3.0%
	20-50km	536	5.6%
	50-100km	4,996	51.7%
	100-200km	1,627	16.8%
	200-500km	357	3.7%
	500-1500km	235	2.4%
	Overseas	147	1.5%
	Total	9,656	100.0%
Mandeville-Taylor Park	< 10km	72	10.9%
	10-20km	68	10.3%
	20-50km	92	14.0%
	50-100km	131	19.9%
	100-200km	248	37.6%
	200-500km	17	2.6%
	500-1500km	8	1.2%
	Overseas	23	3.5%
	Total	659	100.0%
Monkey Island Road Reserve	< 10km	586	12.0%
	10-20km	291	6.0%
	20-50km	960	19.7%
	50-100km	1,245	25.6%
	100-200km	932	19.1%
	200-500km	467	9.6%
	500-1500km	221	4.5%
	Overseas	170	3.5%
	Total	4,872	100.0%
Monowai Campsite	< 10km	379	6.0%
	10-20km	172	2.7%
	20-50km	1,556	24.8%
	50-100km	1,189	18.9%
	100-200km	1,767	28.1%
	200-500km	638	10.1%
	500-1500km	345	5.5%
	Overseas	240	3.8%
	Total	6,286	100.0%

10-Profile Viewing Distance

How Far Away Are Users When Viewing Freedom Campsites?

		Number of views	% of views
Nightcaps	< 10km	12	2.7%
	10-20km	17	3.9%
	20-50km	105	23.9%
	50-100km	129	29.3%
	100-200km	111	25.2%
	200-500km	26	5.9%
	500-1500km	12	2.7%
	Overseas	28	6.4%
	Total	440	100.0%
Otautau	< 10km	20	6.0%
	10-20km	9	2.7%
	20-50km	90	27.2%
	50-100km	68	20.5%
	100-200km	79	23.9%
	200-500km	23	6.9%
	500-1500km	16	4.8%
	Overseas	26	7.9%
	Total	331	100.0%
Riversdale	< 10km	66	9.0%
	10-20km	21	2.9%
	20-50km	106	14.4%
	50-100km	241	32.8%
	100-200km	183	24.9%
	200-500km	40	5.4%
	500-1500km	26	3.5%
	Overseas	52	7.1%
	Total	735	100.0%
South Arm Campsite (Lake Manapouri) (** Road closed **)	< 10km	18	0.3%
	10-20km	192	3.1%
	20-50km	989	16.1%
	50-100km	877	14.3%
	100-200km	2,145	34.9%
	200-500km	960	15.6%
	500-1500km	575	9.4%
	Overseas	387	6.3%
	Total	6,143	100.0%
Thicket Burn Campsite	< 10km	106	3.5%
	10-20km	28	0.9%
	20-50km	543	17.9%
	50-100km	875	28.8%
	100-200km	668	22.0%
	200-500km	455	15.0%
	500-1500km	227	7.5%
	Overseas	137	4.5%
	Total	3,039	100.0%

10-Profile Viewing Distance

How Far Away Are Users When Viewing Freedom Campsites?

		Number of views	% of views
Thornbury Bridge Picnic Area	< 10km	241	6.9%
	10-20km	161	4.6%
	20-50km	1,335	38.2%
	50-100km	611	17.5%
	100-200km	739	21.2%
	200-500km	191	5.5%
	500-1500km	148	4.2%
	Overseas	68	1.9%
	Total	3,494	100.0%
Waikaia Free Camping	< 10km	9	3.1%
	20-50km	17	5.9%
	50-100km	48	16.8%
	100-200km	30	10.5%
	200-500km	32	11.2%
	500-1500km	107	37.4%
	Overseas	43	15.0%
	Total	286	100.0%
Waikawa Recreation Reserve	< 10km	905	21.8%
	10-20km	264	6.4%
	20-50km	686	16.5%
	50-100km	719	17.3%
	100-200km	1,084	26.1%
	200-500km	274	6.6%
	500-1500km	108	2.6%
	Overseas	115	2.8%
	Total	4,155	100.0%
Weir Beach Reserve	< 10km	1,513	18.3%
	10-20km	454	5.5%
	20-50km	765	9.3%
	50-100km	1,843	22.3%
	100-200km	2,392	29.0%
	200-500km	773	9.4%
	500-1500km	297	3.6%
	Overseas	223	2.7%
	Total	8,260	100.0%
Winton Free Camping Area	< 10km	105	9.0%
	10-20km	19	1.6%
	20-50km	443	38.1%
	50-100km	247	21.2%
	100-200km	209	18.0%
	200-500km	38	3.3%
	500-1500km	42	3.6%
	Overseas	61	5.2%
	Total	1,164	100.0%

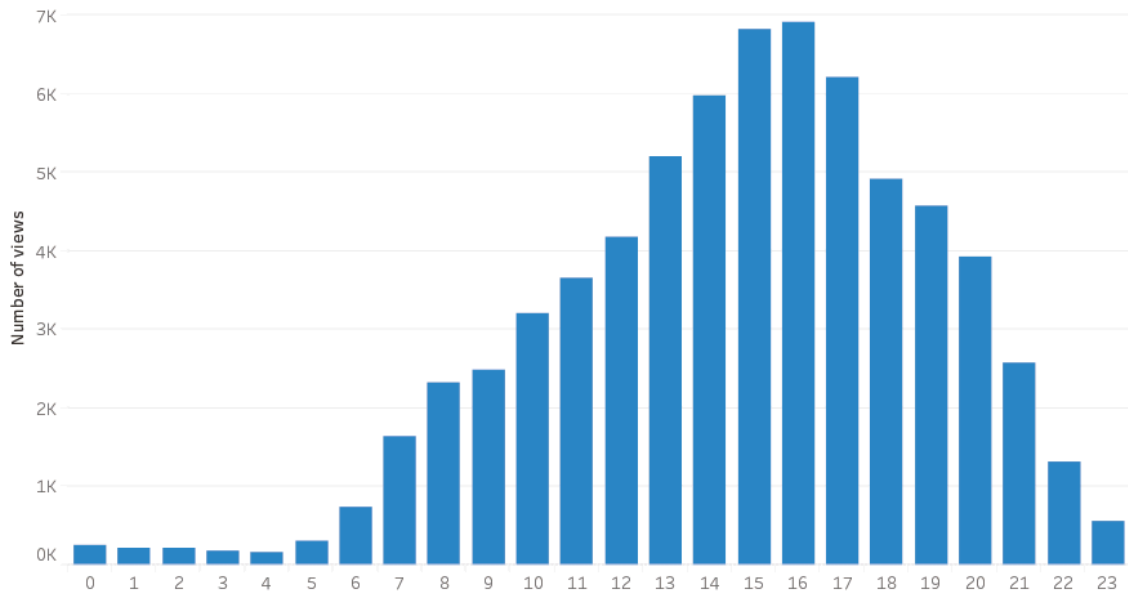
11-Campsite Search Times

What Time Of Day Are Users Searching For Campsites In Our Region?

When users tap on a freedom campsite profile page we log the time and location this search took place. We can use this data to identify when users are searching for campsites in your region.

Campsite Searches By Hour Of Day

Hour of search Users were looking at campsites



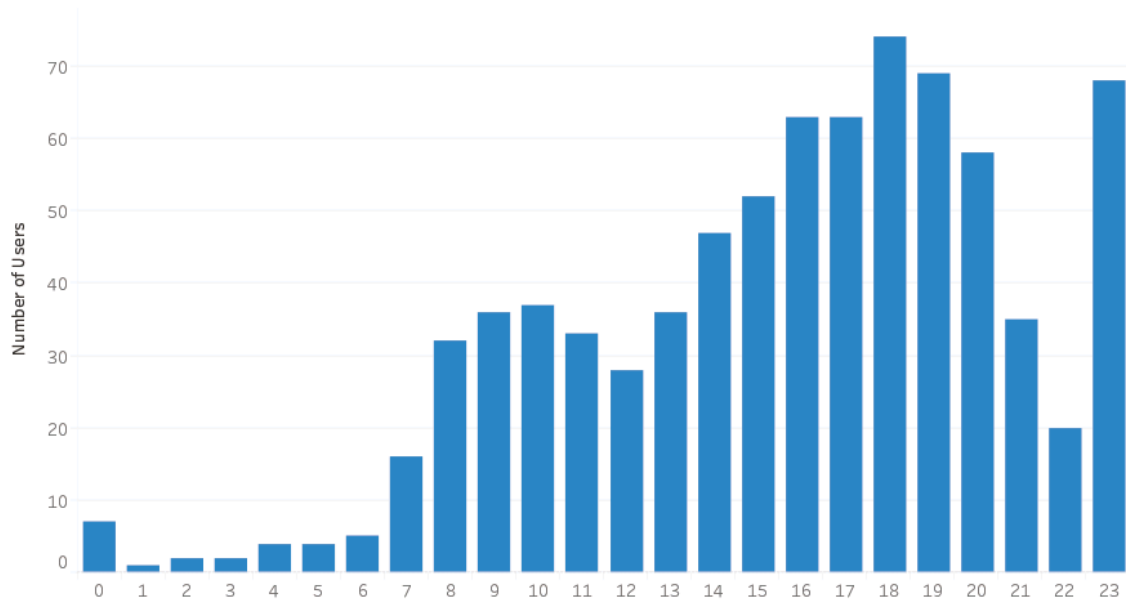
12-Freedom Campsite Time of Arrival

What Time Are Users Arriving At Freedom Campsites In Our Region.

We log the time of day that users have arrived at freedom campsites in your region. If the sites are also day sites that may well be frequented by users during the day, this is likely to be skewed.

Campsite Visits By Hour Of Day

Hour that users were at campsites

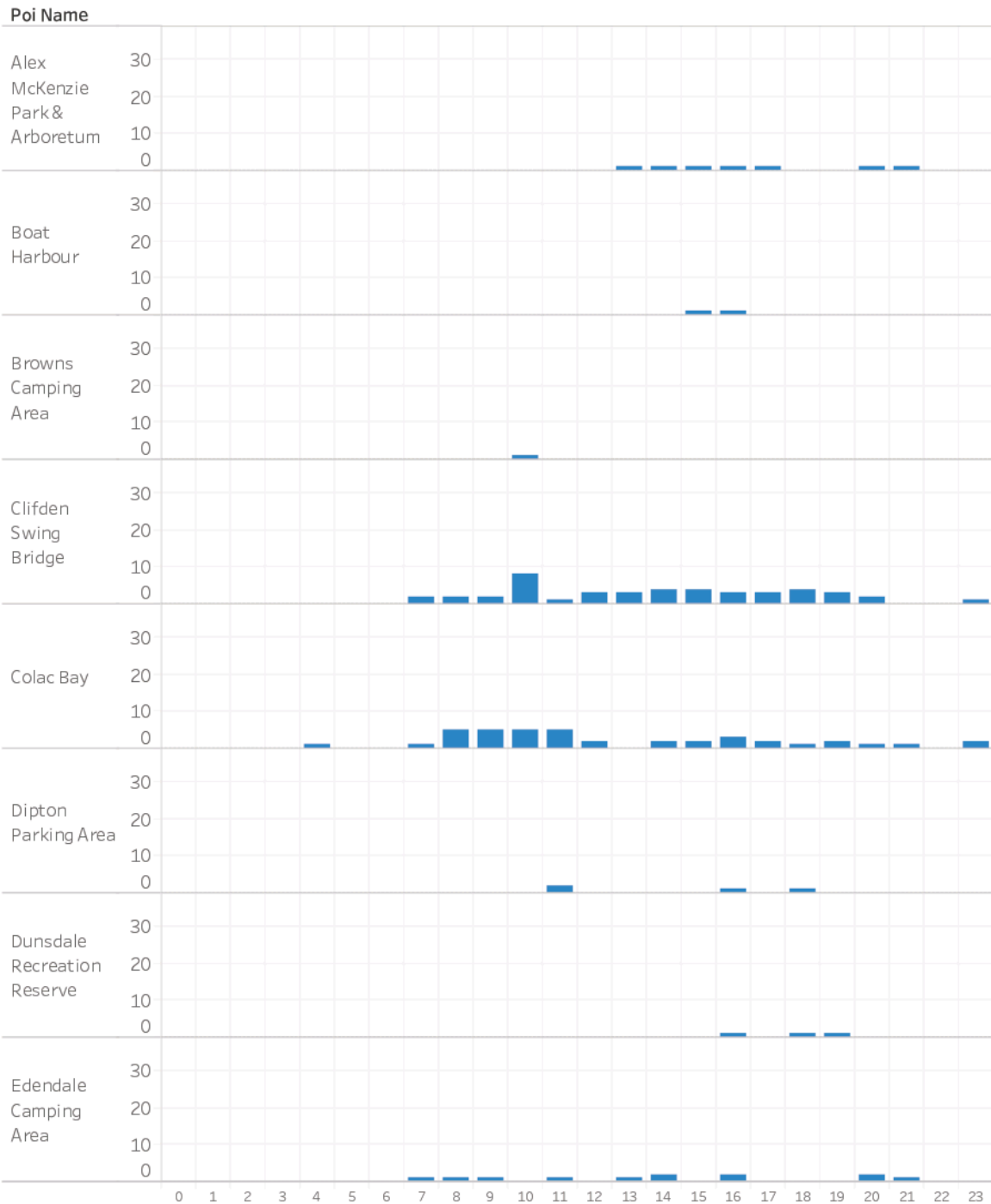


13-Freedom Campsite Time of Arrival By Campsite

What Time Are Users Arriving At Each Freedom Campsites In Our Region

Hour that users were at campsites.

Note: Users may poll with their GPS location outside the freedom campsite and will not be recorded in this graph.



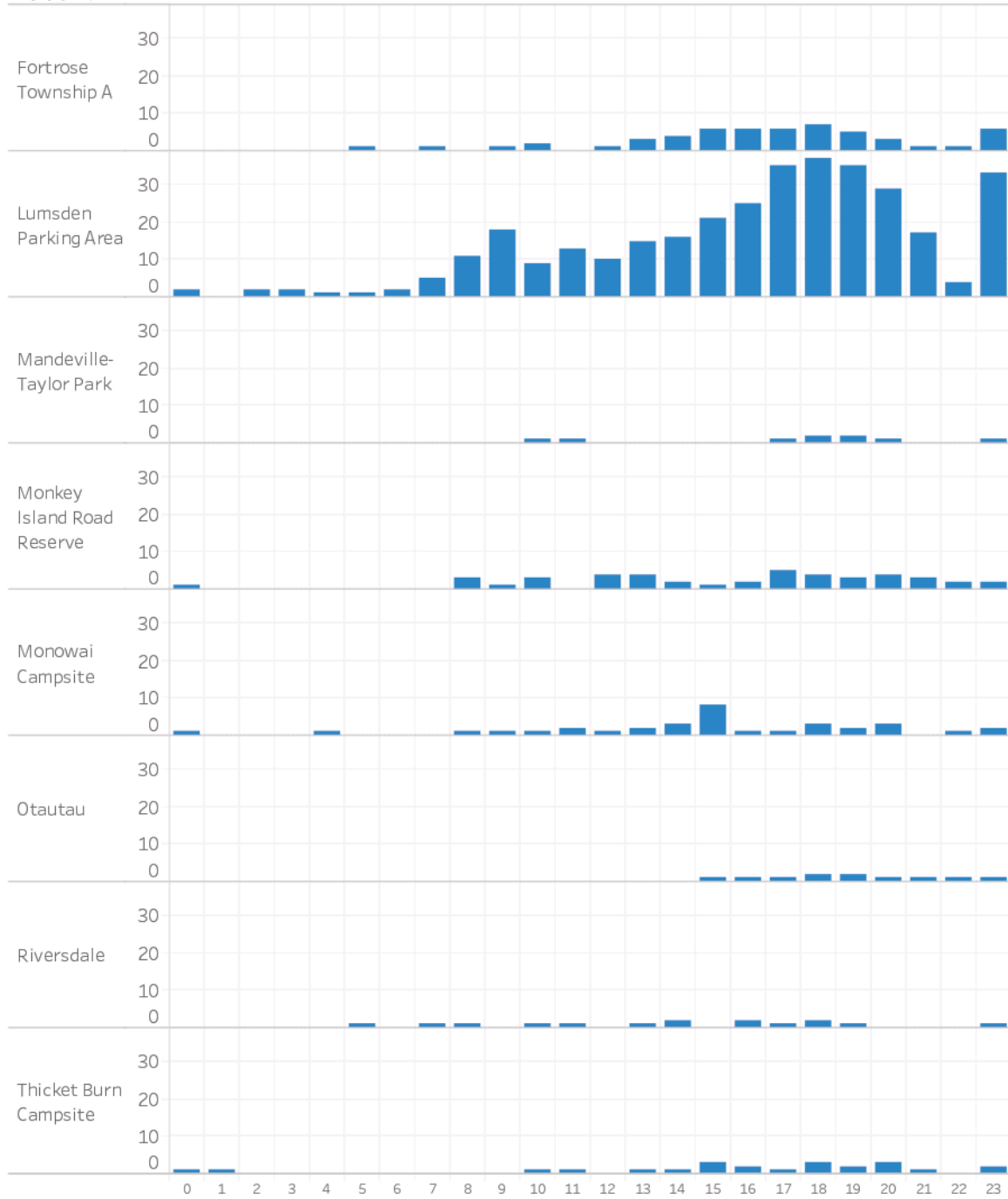
13-Freedom Campsite Time of Arrival By Campsite

What Time Are Users Arriving At Each Freedom Campsites In Our Region

Hour that users were at campsites.

Note: Users may poll with their GPS location outside the freedom campsite and will not be recorded in this graph.

Poi Name



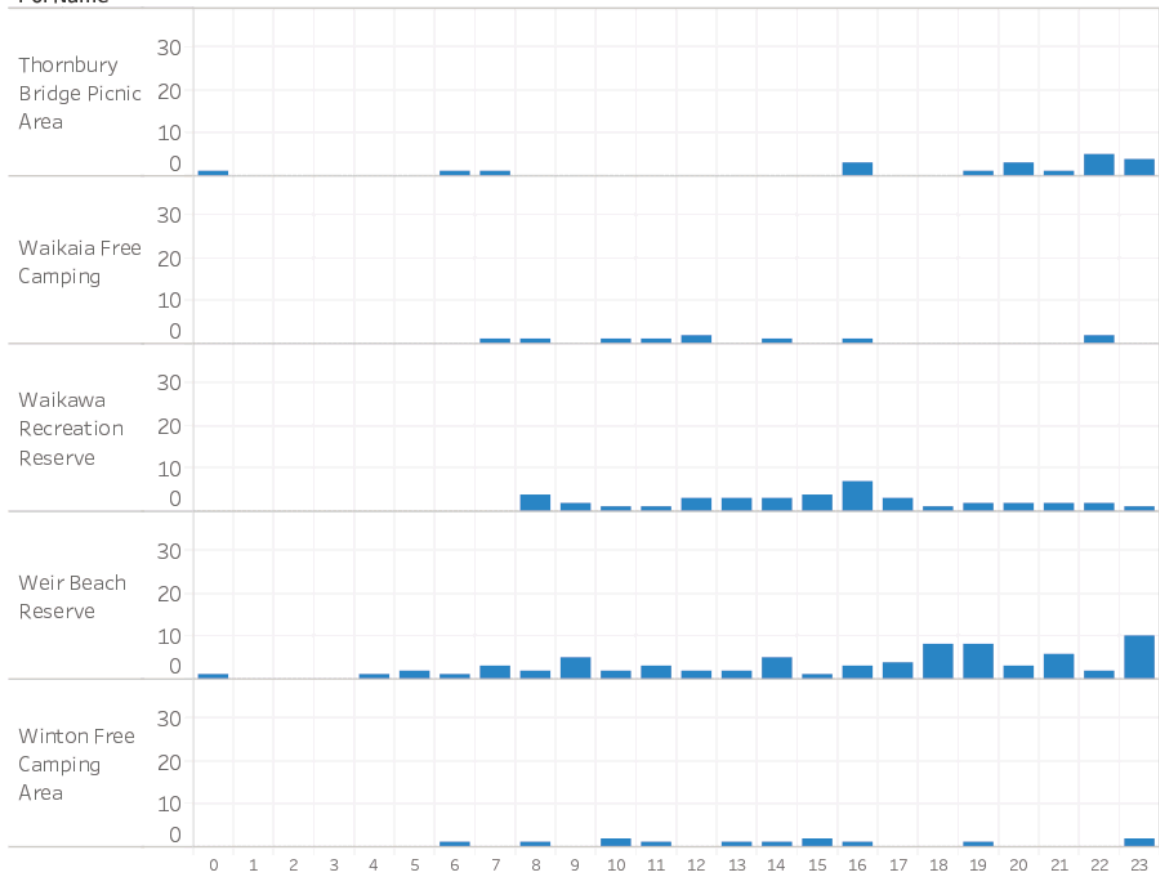
13-Freedom Campsite Time of Arrival By Campsite

What Time Are Users Arriving At Each Freedom Campsites In Our Region

Hour that users were at campsites.

Note: Users may poll with their GPS location outside the freedom campsite and will not be recorded in this graph.

Poi Name





GET IN TOUCH

If you would like clarification
on the contents of this report,
please feel free to contact me
on adam@geozone.co.nz



RESPONSIBLE CAMPING SITE

Haere mai Welcome to Lumsden

Thank you for choosing to stop in Lumsden. Enjoy your stay but please respect our hospitality and our space. This is not a camping ground. It is our town centre and we are happy to share it with you.

Please take the time to explore our town and make use of the many services we offer. There is a well-equipped camping ground at 8 Albion Street if you are looking for more facilities, and a covered swimming pool on the corner of Maria Street and Puroa Road.

WHERE YOU CAN STAY



THESE PARKS ARE FOR FULLY SELF-CONTAINED VEHICLES ONLY



THESE PARKS ARE FOR NON-SELF-CONTAINED VEHICLES ONLY



NO FREEDOM CAMPING IN THESE PARKS



BE COURTEOUS



Please use the toilets (65 metres to the north, past the playground)



Keep quiet at night



Don't litter



No fires



Dogs on lead

Respect our town and people

APPROX. TRAVEL TIMES



Travel times are approximate only. Please allow plenty of time as travel time may vary depending on traffic, weather and how often you stop.

- Te Anau 1 hour
- Milford Sound 3 hours
- Queenstown 1.5 hours
- Cromwell 2 hours
- Gore 40 minutes
- Dinedin 2.5 hours
- Invercargill 1 hour

YOU'LL FIND IT IN LUMSDEN



- Camping ground
- Swimming pool
- Food
- Fuel
- Accommodation
- Wāhi (Library/Council office)
- Pharmacy/medication
- Groceries
- Gifts
- Souvenirs
- Arts
- Crafts
- Hardware
- St John Opportunity Shop



 www.southlanddc.govt.nz

 0800 732 732

Exclusion of the Public: Local Government Official Information and Meetings Act 1987

Recommendation

That the public be excluded from the following part(s) of the proceedings of this meeting.

C9.1 Greenbriar Limited - Resource Consent - Land use consent to undertake an extension to the Ohai Coal Mine, Gorge Road, Ohai

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 48(1) of the Local Government Official Information and Meetings Act 1987 for the passing of this resolution are as follows:

General subject of each matter to be considered	Reason for passing this resolution in relation to each matter	Ground(s) under section 48(1) for the passing of this resolution
Greenbriar Limited - Resource Consent - Land use consent to undertake an extension to the Ohai Coal Mine, Gorge Road, Ohai	s48(1)(b) - Check to make report confidential. This is deliberations for a resource consent decision..	That the public conduct of the part of the meeting would be likely to result in the disclosure of information which would be contrary to a specified enactment or constitute contempt of court or contempt of the House of Representatives.