

Applicant's Name:	Consent No:	
Property Address:	Lot No.:	Wind Zone:

**Restricted Building Work - LBP license check** *(Check against list of notified LBPs for this project)*  Not applicable, not RBW

Name of LBP: <i>(If not on site, ask who the LBP is)</i>	LBP Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No
	License sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No
	License No: ..... <i>(if sighted)</i>
	Expiry Date: .....

**ITEMS TO BE CHECKED** *[Checked against the approved Building Consent (BC) documents]*

**Key:**  
**Decision:**  or  = Pass     or  = Fail, further inspection required     or  or  = Not Applicable  
**Reason for decision:** Compliance or non compliance with the approved building consent documents

<input type="checkbox"/> Approved BC documents and amendments on site <input type="checkbox"/> Prior inspection passed or instructions addressed <b>Bond beams, Beams, Columns, Block Work</b> <input type="checkbox"/> All steel as per detail: size, type, placement, laps, ties, cover <input type="checkbox"/> Bond beams / lintels, No. of bars, stirrups <input type="checkbox"/> Wash out ports are clean <input type="checkbox"/> Construction joint placement <input type="checkbox"/> Tanking / drainage <input type="checkbox"/> Subfloor ventilation	<b>Tilt Slabs</b> <input type="checkbox"/> All steel as per detail: size, type, spacing, laps, ties, cover <input type="checkbox"/> Thickness of slab correct <b>Required Documentation</b> <input type="checkbox"/> Engineer inspection completed PS4: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA
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**Comments if required:**  Photos attached *(if relevant)*     Memo / Instruction No: .....     Verbal instruction *(specify):*

**OUTCOME OF DECISIONS** *[Tick the correct outcome: e.g.  PASS or  FAIL etc. Use REPEAT section if applicable.]*

Work complies with the approved BC documents <input type="checkbox"/> PASS <input type="checkbox"/> FAIL. But work may proceed to next inspection. <input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee Officer Name: Signature : _____ Date: _____	REPEAT: Work complies with the approved BC documents <input type="checkbox"/> PASS <input type="checkbox"/> FAIL. But work may proceed to next inspection. <input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee Officer Name: Signature: _____ Date: _____
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