Waikato Building Consent Group

Pre-Wrap / Structural Framing Inspection

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: *(If not on site, ask who the LBP is)*	LBP Onsite: ☐ Yes ☐ No License sighted: ☐ Yes ☐ No License No: ..... *(if sighted)* Expiry Date: .....

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

Key:
Decision: [√] or [P] = Pass [X] or [F] = Fail, further inspection required [I] or [—] or [NA] = Not Applicable
Reason for decision: Compliance or non compliance with the approved building consent documents

☐ Approved BC documents and amendments on site
☐ Prior inspection passed or instructions addressed

Framing

☐ Floor plan layout
☐ Floor saw cuts
☐ DPC under plates
☐ Bottom / Top plate connections
☐ Single ☐ Double
☐ Stud: size, height, spacing, treatment, grade
☐ Wall bracing / fixings (e.g. straps / bolts & washers)
☐ Lintel / beam size / connections / post connections
☐ Nogging for vertical cladding
☐ Window sash heights above floor
☐ Upper storey windows restrictors where sill height < 760mm

Roofing

☐ Ceiling joist / runners / diaphragm / strutting beams
☐ Truss / Rafter design: layout / bracing / fixing / dragon ties / spans / timber treatment
☐ Internal gutters / valleys
☐ Roof pitch
☐ Purlin: size, spacing, fixings
☐ Specific design roof fixings

Sub-Floor

☐ Insulation as per calculations (timber floor)
☐ Piles / bearers, joist sizes, span, spacing, fixings (Gal / SS), timber treatment
☐ Solid blocking to joist
☐ Polythene on ground / Damp coarse – for piles <300mm high
☐ Finished floor level – ground level, 450 mm crawl space
☐ Subfloor ventilation
☐ Layout of subfloor bracing matches foundation plans

Other

☐ Mid-floor joists / fixings / flooring material / spacing
☐ Deck construction: bracing, hangers, treatment
☐ Veranda post connection
☐ Deck barrier framing
☐ Firewall specific fixing
☐ Seal brick rebates
☐ STC sound rating

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
☐ PASS
☐ FAIL. But work may proceed to next inspection.
☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:
Signature : Date:

REPEAT: Work complies with the approved BC documents
☐ PASS
☐ FAIL. But work may proceed to next inspection.
☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:
Signature: Date: