

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
	License sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No
	License No: ..... (if sighted)
	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>Exterior</b> <input type="checkbox"/> Roof cladding / flashings <input type="checkbox"/> Wall cladding / flashings (on cladding checklist) <input type="checkbox"/> Cladding cavity: drained / vented (on cladding checklist) <input type="checkbox"/> Window flashings (on cladding checklist) <input type="checkbox"/> Window glazing / safety glazing (on cladding checklist) <b>Interior</b> <input type="checkbox"/> Moisture content = ..... <input type="checkbox"/> Ceiling battens: size, spacing <input type="checkbox"/> Insulation walls / ceiling <input type="checkbox"/> Insulation certificate <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA <input type="checkbox"/> Roofing / wall underlay <input type="checkbox"/> Holes and notches in framing / mid-floor (both to check) <input type="checkbox"/> Bottom plate / brace fixing <input type="checkbox"/> Ceiling / Floor nailed off if diaphragm	<input type="checkbox"/> Joinery provides Light / ventilation <input type="checkbox"/> Windowless room has adequate ventilation <input type="checkbox"/> Mechanical ventilation vented to exterior <input type="checkbox"/> Scullery / laundry cupboard with no window <input type="checkbox"/> Safety glass <input type="checkbox"/> Air seals <input type="checkbox"/> Ceiling diaphragm <input type="checkbox"/> Stairs as per details <input type="checkbox"/> Fire design requirements / Firewall penetration <input type="checkbox"/> STC sound rating requirements <b>Decks</b> <input type="checkbox"/> Deck level / fall / floor level / wall to stringer gap <input type="checkbox"/> Deck finish / membrane <input type="checkbox"/> Barrier heights / handrails / stairs <input type="checkbox"/> Deck / parapet flashings <input type="checkbox"/> Outlets and overflows, drip edge
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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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