

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 cladding 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 Flashings / Wrap / Ventilation <input type="checkbox"/> Control joints <input type="checkbox"/> Flashings of penetrations <input type="checkbox"/> Lapping flashing <input type="checkbox"/> Head flashing <input type="checkbox"/> Roof / wall & parapet flashing details <input type="checkbox"/> Bottom plate cover <input type="checkbox"/> Cavity closers <input type="checkbox"/> Internal / external angles <input type="checkbox"/> Fixings for down pipes, lights etc. <input type="checkbox"/> Window / metre box installation <input type="checkbox"/> Deck & balustrade flashings <input type="checkbox"/> Stop-end flashings – split gables <input type="checkbox"/> Building wrap / support / fixing <input type="checkbox"/> Weep / ventilation holes / vermin proof	Brick / Aerated Concrete Block <input type="checkbox"/> Cavity 40 – 75mm / free draining <input type="checkbox"/> Brick ties (ss/galvanised) / battens <input type="checkbox"/> No pipe work in cavity <input type="checkbox"/> Washouts / Cavity cleaned, rebate sealed <input type="checkbox"/> Size of mortar joints 7 – 13 mm <input type="checkbox"/> Seating of bottom brick (mortar / overhang) <input type="checkbox"/> Height of veneer <input type="checkbox"/> Lintel bars / fixings <input type="checkbox"/> Cavity sealed from roof space <input type="checkbox"/> Slope to sills 15° minimum <input type="checkbox"/> Window support bars fitted Battens (ventilated cavity) <input type="checkbox"/> Timber treatment <input type="checkbox"/> Battens: thickness (20 mm), spacing, fixings Weatherboard / Ply / Corrugate <input type="checkbox"/> Cladding fixing / support / nail placement <input type="checkbox"/> Weathering at bottom of weatherboards	Plaster: Substrate / Solid Plaster (mesh) / Poly <input type="checkbox"/> Fibre cement sheet / H3 plywood <input type="checkbox"/> Mesh type <input type="checkbox"/> Reinforcing around openings <input type="checkbox"/> 6 - 9mm spacers <input type="checkbox"/> Galvanised <input type="checkbox"/> Proprietary self-spacing mesh <input type="checkbox"/> Fixings Monolithic <input type="checkbox"/> Fixing detail of backing <input type="checkbox"/> Ground level clearance <input type="checkbox"/> Internal / external angles Decks <input type="checkbox"/> Deck level / floor level / fall / clearances <input type="checkbox"/> Deck finish / membrane <input type="checkbox"/> Outlets and overflows <input type="checkbox"/> Barrier heights / fixing / flashings <input type="checkbox"/> Drip edge Specific Designs: <input type="checkbox"/> Inspection completed Documents: Installation Memorandum: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA Membrane Certificate: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA 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
 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:

