

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: .....
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**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>Framing (decks, gutters and parapets)</b> <input type="checkbox"/> Stringer – size, treatment and fixings <input type="checkbox"/> Post - size, treatment and fixings <input type="checkbox"/> Beam – size, treatment, span and fixings <input type="checkbox"/> Joist – size, treatment, c/s and fixings <input type="checkbox"/> Cantilever joist - size, treatment, c/s and fixings <input type="checkbox"/> Saddle flashings to cantilever joists <input type="checkbox"/> Saddle flashings at junction of wall and barrier/parapet <input type="checkbox"/> Compatibility of flashings vs. cladding <input type="checkbox"/> Rafters - size and spacing <input type="checkbox"/> Substrate - treatment, fixing and type Substrate slope: <input type="checkbox"/> Decks 1.5° / 1:40, <input type="checkbox"/> Gutters 0.5° / 1:100, <input type="checkbox"/> Roofs 2° / 1:30 <input type="checkbox"/> Drainage outfall and overflow <input type="checkbox"/> Finished deck level – 100mm min below dwelling FFL	<b>Barriers, parapets and handrails</b> <input type="checkbox"/> Barrier – specific design (producer statement required if glass) <input type="checkbox"/> Barrier to B1/AS2 <input type="checkbox"/> If specific design (verification documents supplied) <input type="checkbox"/> Top rail – side fixed (penetrations sealed) <input type="checkbox"/> Slope formed on top surface of solid barrier construction <input type="checkbox"/> Capping fitted <input type="checkbox"/> Cladding material (type) <b>Membranes</b> <input type="checkbox"/> Membrane type <input type="checkbox"/> Applicators name: ..... <input type="checkbox"/> Applicator's license verified <input type="checkbox"/> Applicator's license number: ..... 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 PS3: <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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