

Applicant's Name:	Consent No:	
Property Address:	Lot No.:	Wind Zone:
Restricted Building Work - LBP license check: <i>(Check against list of notified LBPs for this project)</i> <input type="checkbox"/> 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 **[P]** = Pass or **[F]** = Fail, further inspection required or **[I]** or **[NA]** = Not Applicable
Reason for decision: Compliance or non compliance with the approved building consent documents

<input type="checkbox"/> CCC application has been received <input type="checkbox"/> Approved BC documents & amendments on site <input type="checkbox"/> Check consent conditions Solid Fuel Heater <input type="checkbox"/> Make of heater as specified in BC documents <input type="checkbox"/> Clearances: maker's requirements / wall / drapes <input type="checkbox"/> Flue clearances: through ceiling relative / roof height <input type="checkbox"/> Roof and ceiling framing comply <input type="checkbox"/> Flue capped and flashings <input type="checkbox"/> Seismic restraints <input type="checkbox"/> Hearth size and thickness <input type="checkbox"/> Smoke alarms fitted In-built fire places <input type="checkbox"/> Existing fireplace and chimney in sound condition <input type="checkbox"/> No existing chimney offsets to prevent flue pipe installation <input type="checkbox"/> Joint between fireplace and front surround well sealed <input type="checkbox"/> Height of existing mantle <input type="checkbox"/> Name of Installer: <input type="checkbox"/> Installer statement received Heater with Wet Back connection to HWC <input type="checkbox"/> Plumber's name: Reg. No.:	Hot water cylinder is <input type="checkbox"/> Existing <input type="checkbox"/> New Hot water cylinder is <input type="checkbox"/> Open <input type="checkbox"/> Vented <input type="checkbox"/> Cylinder drain / tempering valve fitted <input type="checkbox"/> HW temperature(°C) <input type="checkbox"/> Hot water cylinder restraints Solar Water Heaters (Panels / Cylinders) <input type="checkbox"/> Installed as per approved documents <input type="checkbox"/> Roof penetrations (flashings / material compatibility) <input type="checkbox"/> Pipes lagged and flashed <input type="checkbox"/> Cylinder drain / tempering valve fitted <input type="checkbox"/> Relief drain conveyed to ground level and correctly insulated to avoid electrolysis to roofing system <input type="checkbox"/> Solar panels installed to allow cleaning of roof area <input type="checkbox"/> Installer statement received Solar Power System (Voltaic) <input type="checkbox"/> Installed as per approved documents <input type="checkbox"/> Roof penetrations (flashings / material compatibility) <input type="checkbox"/> Solar panels installed to allow cleaning of roof area <input type="checkbox"/> Installer statement received If BCA requires: <input type="checkbox"/> Heater Model No: <input type="checkbox"/> Heater Serial No: <input type="checkbox"/> Installer qualifications:
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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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