

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 = Pass or = Fail, further inspection required or or = Not Applicable
 Reason for decision: Compliance or non compliance with the approved building consent documents

<ul style="list-style-type: none"> <input type="checkbox"/> Approved BC documents and amendments on site <input type="checkbox"/> Prior inspection passed or instructions addressed <p>Framing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Floor plan layout <input type="checkbox"/> Floor saw cuts <input type="checkbox"/> DPC under plates <input type="checkbox"/> Bottom / Top plate connections <ul style="list-style-type: none"> <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Stud: size, height, spacing, treatment, grade <input type="checkbox"/> Wall bracing / fixings (e.g. straps / bolts & washers) <input type="checkbox"/> Lintel / beam size / connections / post connections <input type="checkbox"/> Nogging for vertical cladding <input type="checkbox"/> Window sash heights above floor <input type="checkbox"/> Upper storey windows restrictors where sill height < 760mm <p>Roofing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ceiling joist / runners / diaphragm / strutting beams <input type="checkbox"/> Truss / Rafter design: layout / bracing / fixing / dragon ties / spans / timber treatment <input type="checkbox"/> Internal gutters / valleys <input type="checkbox"/> Roof pitch <input type="checkbox"/> Purlin: size, spacing, fixings <input type="checkbox"/> Specific design roof fixings 	<p>Sub-Floor</p> <ul style="list-style-type: none"> <input type="checkbox"/> Insulation as per calculations (timber floor) <input type="checkbox"/> Piles / bearers, joist sizes, span, spacing, fixings (Gal / SS), timber treatment <input type="checkbox"/> Solid blocking to joist <input type="checkbox"/> Polythene on ground / Damp coarse – for piles <300mm high <input type="checkbox"/> Finished floor level – ground level, 450 mm crawl space <input type="checkbox"/> Subfloor ventilation <input type="checkbox"/> Layout of subfloor bracing matches foundation plans <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mid-floor joists / fixings / flooring material / spacing <input type="checkbox"/> Deck construction: bracing, hangers, treatment <input type="checkbox"/> Veranda post connection <input type="checkbox"/> Deck barrier framing <input type="checkbox"/> Firewall specific fixing <input type="checkbox"/> Seal brick rebates <input type="checkbox"/> STC sound rating
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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.]*

<p>Work complies with the approved BC documents</p> <ul style="list-style-type: none"> <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 <p>Officer Name: _____ Signature : _____ Date: _____</p>	<p>REPEAT: Work complies with the approved BC documents</p> <ul style="list-style-type: none"> <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 <p>Officer Name: _____ Signature: _____ Date: _____</p>
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