

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: <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  = 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"> <li><input type="checkbox"/> Approved BC documents and amendments on site</li> <li><input type="checkbox"/> Prior inspection passed or instructions addressed</li> </ul> <p><b>Exterior</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Roof cladding / flashings</li> <li><input type="checkbox"/> Wall cladding / flashings (on cladding checklist)</li> <li><input type="checkbox"/> Cladding cavity: drained / vented (on cladding checklist)</li> <li><input type="checkbox"/> Window flashings (on cladding checklist)</li> <li><input type="checkbox"/> Window glazing / safety glazing (on cladding checklist)</li> </ul> <p><b>Interior</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Moisture content = .....</li> <li><input type="checkbox"/> Ceiling battens: size, spacing</li> <li><input type="checkbox"/> Insulation walls / ceiling</li> <li><input type="checkbox"/> Insulation certificate <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA</li> <li><input type="checkbox"/> Roofing / wall underlay</li> <li><input type="checkbox"/> Holes and notches in framing / mid-floor (both to check)</li> <li><input type="checkbox"/> Bottom plate / brace fixing</li> <li><input type="checkbox"/> Ceiling / Floor nailed off if diaphragm</li> <li><input type="checkbox"/> Joinery provides Light / ventilation</li> <li><input type="checkbox"/> Windowless room has adequate ventilation</li> <li><input type="checkbox"/> Mechanical ventilation vented to exterior</li> <li><input type="checkbox"/> Scullery / laundry cupboard with no window</li> <li><input type="checkbox"/> Safety glass</li> <li><input type="checkbox"/> Air seals</li> <li><input type="checkbox"/> Ceiling diaphragm</li> <li><input type="checkbox"/> Stairs as per details</li> <li><input type="checkbox"/> Fire design requirements / Firewall penetration</li> <li><input type="checkbox"/> STC sound rating requirements</li> </ul>	<p><b>Decks</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Deck level / fall / floor level / wall to stringer gap</li> <li><input type="checkbox"/> Deck finish / membrane</li> <li><input type="checkbox"/> Barrier heights / handrails / stairs</li> <li><input type="checkbox"/> Deck / parapet flashings</li> <li><input type="checkbox"/> Outlets and overflows, drip edge</li> </ul> <p><b>Plumbing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plumber's name.....</li> <li>Reg. No.: .....</li> <li><input type="checkbox"/> Approved type of pipe / identification</li> <li><input type="checkbox"/> Water pressure test: <input type="checkbox"/> 1500kp    <input type="checkbox"/> Main</li> <li>Test statement / certificate: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA</li> <li><input type="checkbox"/> Water pipe size / layout / insulation / length of run</li> <li><input type="checkbox"/> Venting – drains / waste</li> <li><input type="checkbox"/> Pipe work secured / supported / protected (electrolysis / earthed)</li> <li><input type="checkbox"/> Penetrations through building wrap are taped</li> <li><input type="checkbox"/> No pipework in cavity</li> <li><input type="checkbox"/> Check HWC / Tray (if applicable)</li> <li><input type="checkbox"/> Sludge &amp; relief drain pipe work / appropriate material</li> <li><input type="checkbox"/> Water test on stack systems</li> <li><input type="checkbox"/> Backflow prevention followed (commercial)</li> <li><input type="checkbox"/> Fire hose reel pipe work appropriate material</li> <li><input type="checkbox"/> Air conditioning pipe correctly terminated to outside</li> <li><input type="checkbox"/> Non-potable pipe work identified (NZS5807, part 2)</li> </ul>
--	---

**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> <p><input type="checkbox"/> PASS</p> <p><input type="checkbox"/> FAIL. But work may proceed to next inspection.</p> <p><input type="checkbox"/> FAIL. Repeat inspection required      <input type="checkbox"/> Additional fee</p> <p>Officer Name: _____</p> <p>Signature : _____    Date: _____</p>	<p>REPEAT: Work complies with the approved BC documents</p> <p><input type="checkbox"/> PASS</p> <p><input type="checkbox"/> FAIL. But work may proceed to next inspection.</p> <p><input type="checkbox"/> FAIL. Repeat inspection required      <input type="checkbox"/> Additional fee</p> <p>Officer Name: _____</p> <p>Signature: _____    Date: _____</p>
--	---

