

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: <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 Plumbing <input type="checkbox"/> Plumber's name..... Reg. No.: <input type="checkbox"/> Approved type of pipe / identification <input type="checkbox"/> Water pressure test: <input type="checkbox"/> 1500kp <input type="checkbox"/> Main Test statement / certificate: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA <input type="checkbox"/> Water pipe size / layout / insulation / length of run <input type="checkbox"/> Venting – drains / waste	<input type="checkbox"/> Pipe work secured / supported / protected (electrolysis / earthed) <input type="checkbox"/> Penetrations through building wrap are taped <input type="checkbox"/> No pipework in cavity <input type="checkbox"/> Check HWC / Tray (if applicable) <input type="checkbox"/> Sludge & relief drain pipe work / appropriate material <input type="checkbox"/> Water test on stack systems <input type="checkbox"/> Backflow prevention followed (commercial) <input type="checkbox"/> Fire hose reel pipe work appropriate material <input type="checkbox"/> Air conditioning pipe correctly terminated to outside <input type="checkbox"/> Non-potable pipe work identified (NZS5807, part 2)
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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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