

Applicant's Name:	Consent No:	
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Property Address:	Lot No.:	Wind Zone:
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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:

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

<p><input type="checkbox"/> Approved BC documents and amendments on site</p> <p><input type="checkbox"/> Prior inspection passed or instructions addressed</p> <p>Framing (decks, gutters and parapets)</p> <p><input type="checkbox"/> Stringer – size, treatment and fixings</p> <p><input type="checkbox"/> Post - size, treatment and fixings</p> <p><input type="checkbox"/> Beam – size, treatment, span and fixings</p> <p><input type="checkbox"/> Joist – size, treatment, c/s and fixings</p> <p><input type="checkbox"/> Cantilever joist - size, treatment, c/s and fixings</p> <p><input type="checkbox"/> Saddle flashings to cantilever joists</p> <p><input type="checkbox"/> Saddle flashings at junction of wall and barrier/parapet</p> <p><input type="checkbox"/> Compatibility of flashings vs. cladding</p> <p><input type="checkbox"/> Rafters - size and spacing</p> <p><input type="checkbox"/> Substrate - treatment, fixing and type</p> <p>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</p> <p><input type="checkbox"/> Drainage outfall and overflow</p> <p><input type="checkbox"/> Finished deck level – 100mm min below dwelling FFL</p>	<p>Barriers, parapets and handrails</p> <p><input type="checkbox"/> Barrier – specific design (producer statement required if glass)</p> <p><input type="checkbox"/> Barrier to B1/AS2</p> <p><input type="checkbox"/> If specific design (verification documents supplied)</p> <p><input type="checkbox"/> Top rail – side fixed (penetrations sealed)</p> <p><input type="checkbox"/> Slope formed on top surface of solid barrier construction</p> <p><input type="checkbox"/> Capping fitted</p> <p><input type="checkbox"/> Cladding material (type)</p> <p>Membranes</p> <p><input type="checkbox"/> Membrane type</p> <p><input type="checkbox"/> Applicators name:</p> <p><input type="checkbox"/> Applicator's license verified</p> <p><input type="checkbox"/> Applicator's license number:</p> <p>Installation Memorandum: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA</p> <p>Membrane Certificate: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA</p> <p>PS3: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA</p>
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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> <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>
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