## Waikato Building Consent Group

### Cladding Inspection

<table>
<thead>
<tr>
<th>Applicant's Name:</th>
<th>Consent No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Address:</td>
<td>Lot No.:</td>
</tr>
<tr>
<td></td>
<td>Wind Zone:</td>
</tr>
</tbody>
</table>

### Restricted Building Work - LBP license check

(Check against list of notified LBPs for this project)

- Not applicable, not RBW

<table>
<thead>
<tr>
<th>Name of LBP: (If not on site, ask who the cladding LBP is)</th>
<th>LBP Onsite:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>License sighted:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>License No: ....................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expiry Date: ....................................................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ITEMS TO BE CHECKED

(Checked against the approved Building Consent (BC) documents)

**Key:**
- **√** Approved BC documents and amendments on site
- **P** Prior inspection passed or instructions addressed
- **X** Flashings / Wrap / Ventilation
- **F** Reason for decision: Compliance or non-compliance with the approved building consent documents
- **I** or **-** or **NA** = Not Applicable

#### Brick / Aerated Concrete Block
- Cavity 40 – 75mm / free draining
- Brick ties (ss/galvanised) / battens
- No pipe work in cavity
- Washouts / Cavity clean, rebate sealed
- Size of mortar joints 7 – 13 mm
- Seating of bottom brick (mortar / overhang)
- Height of veneer
- Lintel bars / fixings
- Cavity sealed from roof space
- Slope to sills 15° minimum

#### Battens (ventilated cavity)
- Timber treatment
- Battens: thickness (20 mm), spacing, fixings

#### Weatherboard / Ply / Corrugate
- Cladding fixing / support / nail placement
- Weathering at bottom of weatherboards

#### Plaster: Substrate / Solid Plaster (mesh) / Poly
- Fibre cement sheet / H3 plywood
- Mesh type
- Reinforcing around openings
- 6 - 9mm spacers
- Galvanised
- Proprietary self-spacing mesh
- Fixings

#### Monolithic
- Fixing detail of backing
- Ground level clearance
- Internal / external angles

#### Decks
- Deck level / floor level / fall / clearances
- Deck finish / membrane
- Outlets and overflows
- Barrier heights / fixing / flashings
- Drip edge

#### Specific Designs:
- Inspection completed

### Documents:
- Installation Memorandum:
  - Received
  - Outstanding
  - NA
- Membrane Certificate:
  - Received
  - Outstanding
  - NA
- PS4:
  - Received
  - Outstanding
  - NA

**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.]

<table>
<thead>
<tr>
<th>Work complies with the approved BC documents</th>
<th>REPEAT: Work complies with the approved BC documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ PASS</td>
<td>☐ PASS</td>
</tr>
<tr>
<td>☐ FAIL. But work may proceed to next inspection.</td>
<td>☐ FAIL. But work may proceed to next inspection.</td>
</tr>
<tr>
<td>☐ FAIL. Repeat inspection required</td>
<td>☐ FAIL. Repeat inspection required</td>
</tr>
<tr>
<td>☐ Additional fee</td>
<td>☐ Additional fee</td>
</tr>
</tbody>
</table>

Officer Name:  
Signature: Date:  

Officer Name:  
Signature: Date: