Waikato Building Consent Group
Membrane Decks / Roof 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>
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<tr>
<td></td>
<td>Wind Zone:</td>
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</tbody>
</table>

**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:  □ Yes  □ No  □ Not applicable, not RBW
License sighted:  □ Yes  □ No
License No: .......................................................... (if sighted)
Expiry Date: ..........................................................

**ITEMS TO BE CHECKED** [Checked against the approved Building Consent (BC) documents]

<table>
<thead>
<tr>
<th>Key:</th>
<th>Decision: □ Pass □ Fail, further inspection required □ Not Applicable</th>
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<tbody>
<tr>
<td></td>
<td>Reason for decision: Compliance or non compliance with the approved building consent documents</td>
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- □ Approved BC documents and amendments on site
- □ Prior inspection passed or instructions addressed

**Framing (decks, gutters and parapets)**

- □ Stringer – size, treatment and fixings
- □ Post - size, treatment and fixings
- □ Beam – size, treatment, span and fixings
- □ Joist – size, treatment, c/s and fixings
- □ Cantilever joist - size, treatment, c/s and fixings
- □ Saddle flashings to cantilever joists
- □ Saddle flashings at junction of wall and barrier/parapet
- □ Compatibility of flashings vs. cladding
- □ Rafters - size and spacing
- □ Substrate - treatment, fixing and type

Substrate slope:
- □ Decks 1.5º / 1:40,
- □ Gutters 0.5º / 1:100,
- □ Roofs 2º / 1:30
- □ Drainage outfall and overflow

- □ Finished deck level – 100mm min below dwelling FFL

**Barriers, parapets and handrails**

- □ Barrier – specific design (producer statement required if glass)
- □ Barrier to B1/AS2
- □ If specific design (verification documents supplied)
- □ Top rail – side fixed (penetrations sealed)
- □ Slope formed on top surface of solid barrier construction
- □ Capping fitted
- □ Cladding material (type)

**Membranes**

- □ Membrane type
- □ Applicators name: ..................................................
- □ Applicator's license verified
- □ Applicator's license number: ........................................

Installation Memorandum: □ Received □ Outstanding □ NA
Membrane Certificate: □ Received □ Outstanding □ NA
PS3: □ 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.]

- □ Work complies with the approved BC documents
  - □ PASS
  - □ FAIL. But work may proceed to next inspection.
  - □ FAIL. Repeat inspection required □ Additional fee

- □ Repeat: Work complies with the approved BC documents
  - □ PASS
  - □ FAIL. But work may proceed to next inspection.
  - □ FAIL. Repeat inspection required □ Additional fee

Officer Name: 
Signature : Date: 

Officer Name: 
Signature : Date: