Waikato Building Consent Group

Pre-Wrap / Structural Framing Inspection

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: ☐ Yes ☐ No License sighted: ☐ Yes ☐ No License No: ..... *(if sighted)* Expiry Date: .....

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

Key:
Decision: [√] or [P] = Pass [X] or [F] = Fail, further inspection required [I] or [—] or [NA] = Not Applicable
Reason for decision: Compliance or non compliance with the approved building consent documents

- ☐ Approved BC documents and amendments on site
- ☐ Prior inspection passed or instructions addressed

Framing

- ☐ Floor plan layout
- ☐ Floor saw cuts
- ☐ DPC under plates
- ☐ Bottom / Top plate connections ◯ Single ◯ Double
- ☐ Stud: size, height, spacing, treatment, grade
- ☐ Wall bracing / fixings (e.g. straps / bolts & washers)
- ☐ Lintel / beam size / connections / post connections
- ☐ Nogging for vertical cladding
- ☐ Window sash heights above floor
- ☐ Upper storey windows restrictors where sill height < 760mm

Roofing

- ☐ Ceiling joist / runners / diaphragm / strutting beams
- ☐ Truss / Rafter design: layout / bracing / fixing / dragon ties / spans / timber treatment
- ☐ Internal gutters / valleys
- ☐ Roof pitch
- ☐ Purlin: size, spacing, fixings
- ☐ Specific design roof fixings

Sub-Floor

- ☐ Insulation as per calculations (timber floor)
- ☐ Piles / bearers, joist sizes, span, spacing, fixings (Gal / SS), timber treatment
- ☐ Solid blocking to joist
- ☐ Polythene on ground / Damp coarse – for piles <300mm high
- ☐ Finished floor level – ground level, 450 mm crawl space
- ☐ Subfloor ventilation
- ☐ Layout of subfloor bracing matches foundation plans

Other

- ☐ Mid-floor joists / fixings / flooring material / spacing
- ☐ Deck construction: bracing, hangers, treatment
- ☐ Veranda post connection
- ☐ Deck barrier framing
- ☐ Firewall specific fixing
- ☐ Seal brick rebates
- ☐ STC sound rating

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	REPEAT: Work complies with the approved BC documents
☐ PASS	☐ PASS
☐ FAIL. But work may proceed to next inspection.	☐ FAIL. But work may proceed to next inspection.
☐ FAIL. Repeat inspection required ☐ Additional fee	☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:	Officer Name:
Signature : Date:	Signature: Date: