

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) <input type="checkbox"/> 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:	

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 Exterior <input type="checkbox"/> Roof cladding / flashings <input type="checkbox"/> Wall cladding / flashings (on cladding checklist) <input type="checkbox"/> Cladding cavity: drained / vented (on cladding checklist) <input type="checkbox"/> Window flashings (on cladding checklist) <input type="checkbox"/> Window glazing / safety glazing (on cladding checklist) Interior <input type="checkbox"/> Moisture content = <input type="checkbox"/> Ceiling battens: size, spacing <input type="checkbox"/> Insulation walls / ceiling <input type="checkbox"/> Insulation certificate <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> NA <input type="checkbox"/> Roofing / wall underlay <input type="checkbox"/> Holes and notches in framing / mid-floor (both to check) <input type="checkbox"/> Bottom plate / brace fixing <input type="checkbox"/> Ceiling / Floor nailed off if diaphragm	<input type="checkbox"/> Joinery provides Light / ventilation <input type="checkbox"/> Windowless room has adequate ventilation <input type="checkbox"/> Mechanical ventilation vented to exterior <input type="checkbox"/> Scullery / laundry cupboard with no window <input type="checkbox"/> Safety glass <input type="checkbox"/> Air seals <input type="checkbox"/> Ceiling diaphragm <input type="checkbox"/> Stairs as per details <input type="checkbox"/> Fire design requirements / Firewall penetration <input type="checkbox"/> STC sound rating requirements Decks <input type="checkbox"/> Deck level / fall / floor level / wall to stringer gap <input type="checkbox"/> Deck finish / membrane <input type="checkbox"/> Barrier heights / handrails / stairs <input type="checkbox"/> Deck / parapet flashings <input type="checkbox"/> Outlets and overflows, drip edge
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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. 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. 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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