

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: <i>(If not on site, ask who the LBP is)</i>	LBP Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No
	License sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No
	License No: ..... <i>(if sighted)</i>
	Expiry Date: .....

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

**Key:**  
**Decision:**  or  = Pass     or  = Fail, further inspection required     or  Partial Pass - Proceed to next inspection  
**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 <b>General</b> <input type="checkbox"/> Correct wall linings <input type="checkbox"/> Floor / ceiling nailed off as diaphragm <input type="checkbox"/> Sheet bracing: location / correct fixing / patterns & penetrations <input type="checkbox"/> Safety glass <b>Fire Rating / Acoustics</b> <input type="checkbox"/> Fire philosophy <input type="checkbox"/> Fire rating - first layer <input type="checkbox"/> Fire rating - second layer <input type="checkbox"/> Stopping of fire rating <input type="checkbox"/> Penetrations through fire rating <input type="checkbox"/> Stairs <input type="checkbox"/> Doorways / corridors <input type="checkbox"/> STC sound rating	<p><b>Discuss with Builder as appropriate</b></p> <input type="checkbox"/> Compliance schedule features <input type="checkbox"/> Accessible car parks <input type="checkbox"/> Ramps <input type="checkbox"/> Entrance <input type="checkbox"/> Public reception area <input type="checkbox"/> Lifts <input type="checkbox"/> Controls (auto doors etc.) <input type="checkbox"/> Laundering <input type="checkbox"/> Food preparation <input type="checkbox"/> Signage <input type="checkbox"/> Surface finishes <input type="checkbox"/> Accessible routes <input type="checkbox"/> Flame index for interior finishes
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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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