

Code Compliance Certificate Decision Checklist - to be completed by Officer

Record your decision using the following key: **BC Number:** _____
(Refer to Intranet notes on: receiving, vetting and lodging a CCC application) **Site Address:** _____

P, Y or = Adequate / Present **F, N** or = Inadequate / Absent **NA** or **I** = Not Applicable

INSPECTION DECISIONS *Check that all matters have been dealt with in full.*

Inspections:	<input type="checkbox"/> All passed <i>(See BC conditions/advisories)</i>	<input type="checkbox"/> Extra inspections paid <i>[Check with admin]</i>
Site instructions:	<input type="checkbox"/> Issued <input type="checkbox"/> Addressed	<input type="checkbox"/> DCs paid <i>[Check with admin]</i>
Notices To Fix:	<input type="checkbox"/> Issued <input type="checkbox"/> Addressed	<input type="checkbox"/> Determinations outcomes considered
Amendments:	<input type="checkbox"/> Addressed <input type="checkbox"/> CS details attached (if any)	<input type="checkbox"/> EQ status considered
Minor Variations:	<input type="checkbox"/> Addressed <input type="checkbox"/> CS details attached (if any)	<input type="checkbox"/> Warnings and bans considered
CCC application:	<input type="checkbox"/> Received <input type="checkbox"/> Complete	<input type="checkbox"/> B2.3.1 Durability Modified to agreed
Complaints:	<input type="checkbox"/> Addressed (if any) - see comments	date: _____

STATEMENTS /CERTIFICATES - RECEIVED AND ADEQUATE. *Check what is required by the Building consent. Refer to PS checklist on final inspections or separate sheet PS-02 (alternative).*

<input type="checkbox"/> PS4	<input type="checkbox"/> Electrical	<input type="checkbox"/> Gas	<input type="checkbox"/> Pressure test	<input type="checkbox"/> Truss
<input type="checkbox"/> Smoke alarm	<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Cladding	<input type="checkbox"/> Glazing	<input type="checkbox"/> Water proofing
<input type="checkbox"/> Solar systems	<input type="checkbox"/> As laid drainage	<input type="checkbox"/> Insulation	<input type="checkbox"/> Surveying	<input type="checkbox"/> Under floor/ Tile heating
<input type="checkbox"/> Other <i>[specify]:</i> _____				

REPORTS *Check that the following documents have been received, where relevant to the project.*

<input type="checkbox"/> H1	<input type="checkbox"/> Fire	<input type="checkbox"/> Bracing	<input type="checkbox"/> Backflow	<input type="checkbox"/> Structural Engineer
<input type="checkbox"/> Geo-tech / Soil <input type="checkbox"/> Other: <i>[Specify]</i> _____				

RECORDS OF WORK *Check that all relevant elements of restricted building work have been covered by a ROW. Check that all ROW are complete and correct.*

<i>Primary structure:</i>	<input type="checkbox"/> Foundations & sub floor framing	<input type="checkbox"/> Walls	<input type="checkbox"/> Roof	<input type="checkbox"/> Columns & Beams	<input type="checkbox"/> Bracing
<i>External moisture management systems:</i>	<input type="checkbox"/> Roof cladding / roof cladding systems	<input type="checkbox"/> Damp proofing	<input type="checkbox"/> Ventilation system		
	<input type="checkbox"/> Wall cladding / wall cladding systems	<input type="checkbox"/> Waterproofing			

COMMENTS: *(i) Describe unresolved matters and actions to rectify. (ii) Record any complaints & resolution*

CODE COMPLIANCE CERTIFICATE DECISION MAKING *(Tick the appropriate check boxes)*

Decision: The CCC Can be issued Cannot be issued

Reason for the Decision: *(Refer Building Act s92 – 95, s240)*

- SATISFIED on reasonable grounds that the building work complies with the building consent because the final inspection has passed AND all the required documents have been received and are adequate.
- NOT SATISFIED on reasonable grounds that the building work complies with the building consent because:
 - Work is not complete
 - Missing documentation
 - Inadequate documentation

Outcome of Decision:

- CCC to be issued CCC to be issued on payment of fees under s240 CCC to be refused

Officer's Name: Signature: Date:

- CCC to be issued, problems have been addressed *(Add explanation in comments section above)*

Officer's Name: Signature: Date:

