

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 <i>(Check against list of notified LBPs for this project)</i> <input type="checkbox"/> 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 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 Framing <input type="checkbox"/> Floor plan layout <input type="checkbox"/> Floor saw cuts <input type="checkbox"/> DPC under plates <input type="checkbox"/> Bottom / Top plate connections <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Stud: size, height, spacing, treatment, grade <input type="checkbox"/> Wall bracing / fixings (e.g. straps / bolts & washers) <input type="checkbox"/> Lintel / beam size / connections / post connections <input type="checkbox"/> Nogging for vertical cladding <input type="checkbox"/> Window sash heights above floor <input type="checkbox"/> Upper storey windows restrictors where sill height < 760mm Roofing <input type="checkbox"/> Ceiling joist / runners / diaphragm / strutting beams <input type="checkbox"/> Truss / Rafter design: layout / bracing / fixing / dragon ties / spans / timber treatment <input type="checkbox"/> Internal gutters / valleys <input type="checkbox"/> Roof pitch <input type="checkbox"/> Purlin: size, spacing, fixings <input type="checkbox"/> Specific design roof fixings	Sub-Floor <input type="checkbox"/> Insulation as per calculations (timber floor) <input type="checkbox"/> Piles / bearers, joist sizes, span, spacing, fixings (Gal / SS), timber treatment <input type="checkbox"/> Solid blocking to joist <input type="checkbox"/> Polythene on ground / Damp course – for piles <300mm high <input type="checkbox"/> Finished floor level – ground level, 450 mm crawl space <input type="checkbox"/> Subfloor ventilation <input type="checkbox"/> Layout of subfloor bracing matches foundation plans Other <input type="checkbox"/> Mid-floor joists / fixings / flooring material / spacing <input type="checkbox"/> Deck construction: bracing, hangers, treatment <input type="checkbox"/> Veranda post connection <input type="checkbox"/> Deck barrier framing <input type="checkbox"/> Firewall specific fixing <input type="checkbox"/> Seal brick rebates <input type="checkbox"/> 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 <input type="checkbox"/> PASS <input type="checkbox"/> FAIL. But 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. But work may proceed to next inspection. <input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee Officer Name: Signature: _____ Date: _____
---	--