Waikato Building Consent Group

Membrane Decks / Roof 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 cladding 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 (decks, gutters and parapets)

? Stringer – size, treatment and fixings
? Post - size, treatment and fixings
? Beam – size, treatment, span and fixings
? Joist – size, treatment, c/s and fixings
? Cantilever joist - size, treatment, c/s and fixings
? Saddle flashings to cantilever joists
? Saddle flashings at junction of wall and barrier/parapet
? Compatibility of flashings vs. cladding
? Rafters - size and spacing
? Substrate - treatment, fixing and type

Substrate slope: ? Decks 1.5º / 1:40,
? Gutters 0.5º / 1:100,
? Roofs 2º / 1:30

? Drainage outfall and overflow
? Finished deck level – 100mm min below dwelling FFL

Barriers, parapets and handrails

? Barrier – specific design (producer statement required if glass)
? Barrier to B1/AS2
? If specific design (verification documents supplied)
? Top rail – side fixed (penetrations sealed)
? Slope formed on top surface of solid barrier construction
? Capping fitted
? Cladding material (type)

Membranes

? Membrane type
? Applicators name: ……..
? Applicator's license verified
? Applicator's license number: ……

Installation Memorandum: ◯ Received ◯ Outstanding ◯ NA
Membrane Certificate: ◯ Received ◯ Outstanding ◯ NA
PS3: ◯ Received ◯ Outstanding ◯ NA

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 ☐ FAIL. Work may proceed to next inspection. ☐ FAIL. Repeat inspection required ☐ Additional fee	☐ PASS ☐ FAIL. Work may proceed to next inspection. ☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:	Officer Name:
Signature : Date:	Signature: Date: