

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 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 Bond beams, Beams, Columns, Block Work All steel as per detail: size, type, placement, laps, ties, cover <input type="checkbox"/> Bond beams / lintels, No. of bars, stirrups <input type="checkbox"/> Wash out ports are clean <input type="checkbox"/> Construction joint placement <input type="checkbox"/> Tanking / drainage <input type="checkbox"/> Subfloor ventilation	Tilt Slabs <input type="checkbox"/> All steel as per detail: size, type, spacing, laps, ties, cover <input type="checkbox"/> Thickness of slab correct Required Documentation Engineer inspection completed PS4: <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> 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 <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: _____
---	---

