

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 (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: 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 = Pass or = Fail, further inspection required or or = Not Applicable
Reason for decision: Compliance or non compliance with the approved building consent documents

<p><input type="checkbox"/> Approved BC documents and amendments on site <input type="checkbox"/> Prior inspection passed or instructions addressed</p> <p>Framing</p> <ul style="list-style-type: none"><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 <p>Roofing</p> <ul style="list-style-type: none"><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	<p>Sub-Floor</p> <ul style="list-style-type: none"><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 coarse – 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 <p>Other</p> <ul style="list-style-type: none"><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
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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. But work may proceed to next inspection. <input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee	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 :	Officer Name: Signature:
Date:	Date:

