

Waikato Building Consent Group **Pre-line Building 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: <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 **P** = Pass or **F** = Fail, further inspection required or **—** or **NA** = 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
Exterior
<input type="checkbox"/> Roof cladding / flashings
<input type="checkbox"/> Wall cladding / flashings (on cladding checklist)
<input type="checkbox"/> Cladding cavity: drained / vented (on cladding checklist)
<input type="checkbox"/> Window flashings (on cladding checklist)
<input type="checkbox"/> Window glazing / safety glazing (on cladding checklist)
Interior
<input type="checkbox"/> Moisture content =
<input type="checkbox"/> Ceiling battens: size, spacing
<input type="checkbox"/> Insulation walls / ceiling
<input type="checkbox"/> Insulation certificate <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> NA
<input type="checkbox"/> Roofing / wall underlay
<input type="checkbox"/> Holes and notches in framing / mid-floor (both to check)
<input type="checkbox"/> Bottom plate / brace fixing
<input type="checkbox"/> Ceiling / Floor nailed off if diaphragm | <input type="checkbox"/> Joinery provides Light / ventilation
<input type="checkbox"/> Windowless room has adequate ventilation
<input type="checkbox"/> Mechanical ventilation vented to exterior
<input type="checkbox"/> Scullery / laundry cupboard with no window
<input type="checkbox"/> Safety glass
<input type="checkbox"/> Air seals
<input type="checkbox"/> Ceiling diaphragm
<input type="checkbox"/> Stairs as per details
<input type="checkbox"/> Fire design requirements / Firewall penetration
<input type="checkbox"/> STC sound rating requirements
Decks
<input type="checkbox"/> Deck level / fall / floor level / wall to stringer gap
<input type="checkbox"/> Deck finish / membrane
<input type="checkbox"/> Barrier heights / handrails / stairs
<input type="checkbox"/> Deck / parapet flashings
<input type="checkbox"/> Outlets and overflows, drip edge |
|---|---|

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.]*

<input type="checkbox"/> 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: _____
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