

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: [V] 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 1.5° / 1:40, [] Gutters 0.5° / 1:100, [] Roofs 2° / 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. [X] PASS or [X] FAIL etc. Use REPEAT section if applicable.]

Work complies with the approved BC documents [] PASS [] FAIL. Work may proceed to next inspection. [] FAIL. Repeat inspection required [] Additional fee Officer Name: Signature: Date:

REPEAT: Work complies with the approved BC documents [] PASS [] FAIL. Work may proceed to next inspection. [] FAIL. Repeat inspection required [] Additional fee Officer Name: Signature: Date:

