Waikato Building Consent Group	Heater / Solar Installation Inspection
Applicant's	Consent
Name: Property	No: Uto Wind
Address:	No.: Villa Zone:
Restricted Building Work - LBP license check: (Check against	
Name of LBP: (If not on site, ask who the LBP is)	LBP Onsite: O Yes O No
Name of LDF. (if not on site, ask who the LDF is)	License sighted: O Yes O No
	License No: (if sighted)
	Expiry Date:
ITEMS TO BE CHECKED [Checked against the approved Building Co.	
Key:	
Decision : $\sqrt{\ }$ or $P = Pass$ X or $F = Fail$, further in Reason for decision : Compliance or non compliance with the approve	
☐ CCC application has been received	Hot water cylinder is OExisting New
☐ Approved BC documents & amendments on site	Hot water cylinder is Open Vented
☐ Check consent conditions	Cylinder drain / tempering valve fitted
Solid Fuel Heater	☐ HW temperature(°C)
☐ Make of heater as specified in BC documents	☐ Hot water cylinder restraints
☐ Clearances: maker's requirements / wall / drapes	Solar Water Heaters (Panels / Cylinders)
☐ Flue clearances: through ceiling relative / roof height	☐ Installed as per approved documents
☐ Roof and ceiling framing comply	Roof penetrations (flashings / material compatibility)
☐ Flue capped and flashings	☐ Pipes lagged and flashed
☐ Seismic restraints	☐ Cylinder drain / tempering valve fitted
☐ Hearth size and thickness	Relief drain conveyed to ground level and correctly
☐ Smoke alarms fitted	insulated to avoid electrolysis to roofing system
In-built fire places	☐ Solar panels installed to allow cleaning of roof area
 Existing fireplace and chimney in sound condition 	☐ Installer statement received
☐ No existing chimney offsets to prevent flue pipe installation	Solar Power System (Voltaic)
 Joint between fireplace and front surround well sealed 	☐ Installed as per approved documents
☐ Height of existing mantle	☐ Roof penetrations (flashings / material compatibility)
☐ Name of Installer:	☐ Solar panels installed to allow cleaning of roof area
☐ Installer statement received	☐ Installer statement received
Heater with Wet Back connection to HWC	If BCA requires:
☐ Plumber's name:	☐ Heater Model No:
Reg. No.:	☐ Heater Serial No:
	☐ Installer qualifications:
Comments if required: Photos attached (if relevant) Memo / Instruction No:	
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	☐ PASS
FAIL. Work may proceed to next inspection.	☐ FAIL. Work may proceed to next inspection.
☐ FAIL. Repeat inspection required ☐ Additional fee	☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:	Officer Name:
Signature : Date:	Signature: Date:















