

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) <input type="checkbox"/> Not applicable, not RBW			
Name of LBP: (If not on site, ask who the foundation 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 **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"/> Correct address and Lot No. <input type="checkbox"/> Consent conditions checked Siting <input type="checkbox"/> Siting as per approved plans, pegs checked <input type="checkbox"/> Retaining walls: Nova flow, PS if surcharge or >1.5m Ht Building height to boundary Surveyors report <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> NA Excavations <input type="checkbox"/> Ground bearing acceptable <input type="checkbox"/> Specific foundation design <input type="checkbox"/> Engineer supervision <input type="checkbox"/> Hazards: floor heights & flood levels, ground stability <input type="checkbox"/> Council drains under building <input type="checkbox"/> Excavation: safe slope Foundations:- Piled / drilled / driven foundations <input type="checkbox"/> Pile heights correct for type of bracing element <input type="checkbox"/> Pile depth correct for pile type <input type="checkbox"/> Pile spacing for bearers <input type="checkbox"/> Floor height to ground level, 450mm crawl space <input type="checkbox"/> Footing: width, depth, clean, level <input type="checkbox"/> Anchor piles / brace piles - Layout matches plans <input type="checkbox"/> Driven piles	<input type="checkbox"/> Discuss fixing protection: galvanised / stainless <input type="checkbox"/> No water ponding under floor Concrete / Raft slab foundations <input type="checkbox"/> Sand / hard fill compaction (certificate if fill >600mm) <input type="checkbox"/> Monolithic: slabs / footings, insulation as per plans <input type="checkbox"/> DPM Polythene: thickness, lapped & taped, no damage <input type="checkbox"/> Foundations: dimensions, depth, clean, square, level <input type="checkbox"/> Floor height to finished ground levels <input type="checkbox"/> Steel: type, size, spacing, coverage, clean, laps, ties <input type="checkbox"/> Reinforcing mesh / type / size / laps / supplementary rods <input type="checkbox"/> Slab thickness / floor thickenings <input type="checkbox"/> Lift mesh / chairs / saw cuts / free joints <input type="checkbox"/> Bottom plate connectors <input type="checkbox"/> Tanking / drainage for split level <input type="checkbox"/> Engineer designed foundations Required Documentation PS4 Sand-pad <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> NA PS4 Foundations <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> NA PS4 Underfloor insulation <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> NA ROW Foundations <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> NA Building <input type="checkbox"/> Discuss floor / ground levels & accessibility requirements <input type="checkbox"/> Hazards: floor / flood heights, ground stability
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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. 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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