

Waikato Building Consent Group

Sub-Floor / Pre-Floor 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)	
Name of LBP: (If not on site, ask who the 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: <input checked="" type="checkbox"/> or <input type="checkbox"/> P = Pass <input type="checkbox"/> or <input checked="" type="checkbox"/> F = Fail, further inspection required <input type="checkbox"/> I or <input type="checkbox"/> — or <input type="checkbox"/> NA = Not Applicable Reason for decision: Compliance or non compliance with the approved building consent documents	
Concrete <input type="checkbox"/> Approved BC documents and amendments on site <input type="checkbox"/> Prior inspection passed or instructions addressed Concrete <input type="checkbox"/> Sand/hard fill compaction (certificate if fill >600mm) <input type="checkbox"/> DPM Polythene / lapped / taped / no damage <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"/> Underfloor insulation PS4 (if relevant) <input type="checkbox"/> Edge insulation required and in place Timber <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, 450mm crawl space <input type="checkbox"/> Subfloor ventilation <input type="checkbox"/> Layout of subfloor bracing matches foundation plans	Plumbing <input type="checkbox"/> Plumber's name..... Reg. No.: <input type="checkbox"/> Check number / layout / size on all discharge pipes <input type="checkbox"/> Fall for discharge pipes 1:40 for 65mm, 1:60mm for 100mm pipe <input type="checkbox"/> Depth of drain versus connection or septic tank location <input type="checkbox"/> Location of vents / vent size (AS3500 = 50mm, G13 = 80mm) <input type="checkbox"/> Location HWC drain, relief pipe <input type="checkbox"/> All waste pipe at foundations protrudes sufficiently <input type="checkbox"/> Waste pipes protected where penetrating floor slab <input type="checkbox"/> Water test & visual on AS3500 <input type="checkbox"/> One fixture above terminal vent <input type="checkbox"/> Level inverts at 2 o'clock (60°) or higher for AS3500 <input type="checkbox"/> Flood relief floor waste (urinals / multi-units) <input type="checkbox"/> S/S straps to support soil & waste pipes <input type="checkbox"/> Adequate access provided for cleaning out drains <input type="checkbox"/> Waste to commercial machine as per installation specifications (temp > 65°C) Required Documentation <input type="checkbox"/> Engineer inspection completed PS4: <input type="radio"/> Received <input type="radio"/> Outstanding <input type="radio"/> NA

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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