

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 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:
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ITEMS TO BE CHECKED [Checked against the approved Building Consent (BC) documents]

Key:

Decision: 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

<input type="checkbox"/> Approved BC documents and amendments on site	Sub-Floor
<input type="checkbox"/> Prior inspection passed or instructions addressed	<input type="checkbox"/> Insulation as per calculations (timber floor)
Framing	
<input type="checkbox"/> Floor plan layout	<input type="checkbox"/> Piles / bearers, joist sizes, span, spacing, fixings (Gal / SS), timber treatment
<input type="checkbox"/> Floor saw cuts	<input type="checkbox"/> Solid blocking to joist
<input type="checkbox"/> DPC under plates	<input type="checkbox"/> Polythene on ground / Damp coarse – for piles <300mm high
<input type="checkbox"/> Bottom / Top plate connections	<input type="checkbox"/> Finished floor level – ground level, 450 mm crawl space
<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Subfloor ventilation
<input type="checkbox"/> Stud: size, height, spacing, treatment, grade	<input type="checkbox"/> Layout of subfloor bracing matches foundation plans
<input type="checkbox"/> Wall bracing / fixings (e.g. straps / bolts & washers)	
<input type="checkbox"/> Lintel / beam size / connections / post connections	
<input type="checkbox"/> Nogging for vertical cladding	
<input type="checkbox"/> Window sash heights above floor	
<input type="checkbox"/> Upper storey windows restrictors where sill height < 760mm	
Roofing	
<input type="checkbox"/> Ceiling joist / runners / diaphragm / strutting beams	<input type="checkbox"/> Mid-floor joists / fixings / flooring material / spacing
<input type="checkbox"/> Truss / Rafter design: layout / bracing / fixing / dragon ties / spans / timber treatment	<input type="checkbox"/> Deck construction: bracing, hangers, treatment
<input type="checkbox"/> Internal gutters / valleys	<input type="checkbox"/> Veranda post connection
<input type="checkbox"/> Roof pitch	<input type="checkbox"/> Deck barrier framing
<input type="checkbox"/> Purlin: size, spacing, fixings	<input type="checkbox"/> Firewall specific fixing
<input type="checkbox"/> Specific design roof fixings	<input type="checkbox"/> Seal brick rebates
	<input type="checkbox"/> STC sound rating

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	REPEAT: Work complies with the approved BC documents
<input type="checkbox"/> PASS	<input type="checkbox"/> PASS
<input type="checkbox"/> FAIL. But work may proceed to next inspection.	<input type="checkbox"/> FAIL. But work may proceed to next inspection.
<input type="checkbox"/> FAIL. Repeat inspection required	<input type="checkbox"/> FAIL. Repeat inspection required
Officer Name:	Officer Name:
Signature :	Signature:
Date:	Date:

