

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  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"/> Joinery provides Light / ventilation	
<input type="checkbox"/> Prior inspection passed or instructions addressed	<input type="checkbox"/> Windowless room has adequate ventilation	
<b>Exterior</b>		
<input type="checkbox"/> Roof cladding / flashings	<input type="checkbox"/> Mechanical ventilation vented to exterior	
<input type="checkbox"/> Wall cladding / flashings (on cladding checklist)	<input type="checkbox"/> Scullery / laundry cupboard with no window	
<input type="checkbox"/> Cladding cavity: drained / vented (on cladding checklist)	<input type="checkbox"/> Safety glass	
<input type="checkbox"/> Window flashings (on cladding checklist)	<input type="checkbox"/> Air seals	
<input type="checkbox"/> Window glazing / safety glazing (on cladding checklist)	<input type="checkbox"/> Ceiling diaphragm	
<b>Interior</b>		
<input type="checkbox"/> Moisture content = .....	<input type="checkbox"/> Stairs as per details	
<input type="checkbox"/> Ceiling battens: size, spacing	<input type="checkbox"/> Fire design requirements / Firewall penetration	
<input type="checkbox"/> Insulation walls / ceiling	<input type="checkbox"/> STC sound rating requirements	
<input type="checkbox"/> Insulation certificate <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA	<b>Decks</b>	
<input type="checkbox"/> Roofing / wall underlay	<input type="checkbox"/> Deck level / fall / floor level / wall to stringer gap	
<input type="checkbox"/> Holes and notches in framing / mid-floor (both to check)	<input type="checkbox"/> Deck finish / membrane	
<input type="checkbox"/> Bottom plate / brace fixing	<input type="checkbox"/> Barrier heights / handrails / stairs	
<input type="checkbox"/> Ceiling / Floor nailed off if diaphragm	<input type="checkbox"/> Deck / parapet flashings	
	<input type="checkbox"/> Outlets and overflows, drip edge	

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	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:	Officer Name: Signature: Date: