

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: <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> = Pass <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> = Fail, further inspection required <input type="checkbox"/> or <input type="checkbox"/> Partial Pass - Proceed to next inspection 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"/> Prior inspection passed or instructions addressed General <input type="checkbox"/> Correct wall linings <input type="checkbox"/> Floor / ceiling nailed off as diaphragm <input type="checkbox"/> Sheet bracing: location / correct fixing / patterns & penetrations <input type="checkbox"/> Safety glass Fire Rating / Acoustics <input type="checkbox"/> Fire philosophy <input type="checkbox"/> Fire rating - first layer <input type="checkbox"/> Fire rating - second layer <input type="checkbox"/> Stopping of fire rating <input type="checkbox"/> Penetrations through fire rating <input type="checkbox"/> Stairs <input type="checkbox"/> Doorways / corridors <input type="checkbox"/> STC sound rating	Discuss with Builder as appropriate <input type="checkbox"/> Compliance schedule features <input type="checkbox"/> Accessible car parks <input type="checkbox"/> Ramps <input type="checkbox"/> Entrance <input type="checkbox"/> Public reception area <input type="checkbox"/> Lifts <input type="checkbox"/> Controls (auto doors etc.) <input type="checkbox"/> Laundering <input type="checkbox"/> Food preparation <input type="checkbox"/> Signage <input type="checkbox"/> Surface finishes <input type="checkbox"/> Accessible routes <input type="checkbox"/> Flame index for interior finishes

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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