

# Waikato Building Consent Group

## Membrane Decks / Roof Inspection

Applicant's Name:		Consent No:	
Property Address:		Lot No.:	Wind Zone:
<b>Restricted Building Work - LBP license check</b> <i>(Check against list of notified LBPs for this project)</i> <input type="checkbox"/> Not applicable, not RBW			
Name of LBP: <i>(If not on site, ask who the cladding LBP is)</i>		LBP Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No License sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No  License No: ..... <i>(if sighted)</i> Expiry Date: .....	

**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

- ☐ Approved BC documents and amendments on site
- ☐ Prior inspection passed or instructions addressed
- Framing (decks, gutters and parapets)**
  - ☐ Stringer – size, treatment and fixings
  - ☐ Post - size, treatment and fixings
  - ☐ Beam – size, treatment, span and fixings
  - ☐ Joist – size, treatment, c/s and fixings
  - ☐ Cantilever joist - size, treatment, c/s and fixings
  - ☐ Saddle flashings to cantilever joists
  - ☐ Saddle flashings at junction of wall and barrier/parapet
  - ☐ Compatibility of flashings vs. cladding
  - ☐ Rafters - size and spacing
  - ☐ Substrate - treatment, fixing and type
- Substrate slope:
  - ☐ Decks  $1.5^{\circ}$  / 1:40,
  - ☐ Gutters  $0.5^{\circ}$  / 1:100,
  - ☐ Roofs  $2^{\circ}$  / 1:30
- ☐ Drainage outfall and overflow
- ☐ Finished deck level – 100mm min below dwelling FFL

## Barriers, parapets and handrails

- ☐ Barrier – specific design (producer statement required if glass)
- ☐ Barrier to B1/AS2
- ☐ If specific design (verification documents supplied)
- ☐ Top rail – side fixed (penetrations sealed)
- ☐ Slope formed on top surface of solid barrier construction
- ☐ Capping fitted
- ☐ Cladding material (type)

## Membranes

- ☐ Membrane type  
☐ Applicators name: .....  
☐ Applicator's license verified  
☐ Applicator's license number: .....
- Installation Memorandum: ☐ Received ☐ Outstanding ☐ NA  
 Membrane Certificate: ☐ Received ☐ Outstanding ☐ NA  
 PS3: ☐ Received ☐ Outstanding ☐ 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

☐ PASS

☐ FAIL. Work may proceed to **next** inspection.

FAIL. Repeat inspection required      ☐ Additional fee

Officer Name:

Signature :

Date:

REPEAT: Work complies with the approved BC documents

☐ PASS

☐ FAIL. Work may proceed to next inspection.

FAIL. Repeat inspection required ☐ Additional fee

Officer Name:

Signature:

Date:

