

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

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

### Key:

**Decision:** ☐ or ☐ = Pass ☐ or ☐ = Fail, further inspection required ☐ or ☐ or ☐ = Not Applicable

**Reason for decision:** Compliance or non compliance with the approved building consent documents

<input type="checkbox"/> CCC application has been received <input type="checkbox"/> Approved BC documents & amendments on site <input type="checkbox"/> Check consent conditions <b>Solid Fuel Heater</b> <input type="checkbox"/> Make of heater as specified in BC documents <input type="checkbox"/> Clearances: maker's requirements / wall / drapes <input type="checkbox"/> Flue clearances: through ceiling relative / roof height <input type="checkbox"/> Roof and ceiling framing comply <input type="checkbox"/> Flue capped and flashings <input type="checkbox"/> Seismic restraints <input type="checkbox"/> Hearth size and thickness <input type="checkbox"/> Smoke alarms fitted <b>In-built fire places</b> <input type="checkbox"/> Existing fireplace and chimney in sound condition <input type="checkbox"/> No existing chimney offsets to prevent flue pipe installation <input type="checkbox"/> Joint between fireplace and front surround well sealed <input type="checkbox"/> Height of existing mantle <input type="checkbox"/> Name of Installer: ..... <input type="checkbox"/> Installer statement received <b>Heater with Wet Back connection to HWC</b> <input type="checkbox"/> Plumber's name: ..... Reg. No.: .....	Hot water cylinder is <input type="radio"/> Existing <input type="radio"/> New Hot water cylinder is <input type="radio"/> Open <input type="radio"/> Vented Cylinder drain / tempering valve fitted <input type="checkbox"/> HW temperature ..... (°C) <input type="checkbox"/> Hot water cylinder restraints <b>Solar Water Heaters (Panels / Cylinders)</b> <input type="checkbox"/> Installed as per approved documents <input type="checkbox"/> Roof penetrations (flashings / material compatibility) <input type="checkbox"/> Pipes lagged and flashed <input type="checkbox"/> Cylinder drain / tempering valve fitted <input type="checkbox"/> Relief drain conveyed to ground level and correctly insulated to avoid electrolysis to roofing system <input type="checkbox"/> Solar panels installed to allow cleaning of roof area <input type="checkbox"/> Installer statement received <b>Solar Power System (Voltaic)</b> <input type="checkbox"/> Installed as per approved documents <input type="checkbox"/> Roof penetrations (flashings / material compatibility) <input type="checkbox"/> Solar panels installed to allow cleaning of roof area <input type="checkbox"/> Installer statement received <b>If BCA requires:</b> <input type="checkbox"/> Heater Model No: ..... <input type="checkbox"/> Heater Serial No: ..... <input type="checkbox"/> Installer qualifications: .....
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**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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