

Applicant's Name:	Consent No:
Property Address:	Lot No:

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 & amendments on site	<input type="checkbox"/> Power disconnected Electrician's name:
Service Disconnections	
<input type="checkbox"/> Water disconnected Plumber's name:	<input type="checkbox"/> Gas disconnected Gas fitter's name:
Reg. No.:	Reg. No.:
<input type="checkbox"/> Stormwater sealed off Drainlayer's name:	As laid services plan: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA
Reg. No.:	
<input type="checkbox"/> Sewer sealed off Drainlayer's name:	<input type="checkbox"/> Site cleared
Reg. No.:	BWOF / CS : <input type="checkbox"/> Removed <input type="checkbox"/> Amended <input type="checkbox"/> NA
<input type="checkbox"/> Septic tank removed or emptied and filled in / collapsed Drainlayer's name:	<input type="checkbox"/> Update earthquake register
Reg. No.:	

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. Work may proceed to next inspection.	<input type="checkbox"/> FAIL. Work may proceed to next inspection.
<input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee	<input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee
Officer Name:	Officer Name:
Signature :	Signature:
Date:	Date:

