

Code Compliance Certificate Decision Checklist - to be completed by Officer

Record your decision using the following key:

(Refer to Intranet notes on: receiving, vetting and lodging a CCC application)

BC Number: _____

Site Address: _____

P, Y or ✓ = Adequate / Present

F, N or ✗ = Inadequate / Absent

NA or I = Not Applicable

INSPECTION DECISIONS Check that all matters have been dealt with in full.

Inspections:	<input type="checkbox"/> All passed (See BC conditions/advisories)	<input type="checkbox"/> Extra inspections paid [Check with admin]
Site instructions:	<input type="checkbox"/> Issued <input type="checkbox"/> Addressed	<input type="checkbox"/> DCs paid [Check with admin]
Notices To Fix:	<input type="checkbox"/> Issued <input type="checkbox"/> Addressed	<input type="checkbox"/> Determinations outcomes considered
Amendments:	<input type="checkbox"/> Addressed <input type="checkbox"/> CS details attached (if any)	<input type="checkbox"/> EQ status considered
Minor Variations:	<input type="checkbox"/> Addressed <input type="checkbox"/> CS details attached (if any)	<input type="checkbox"/> Warnings and bans considered
CCC application:	<input type="checkbox"/> Received <input type="checkbox"/> Complete	<input type="checkbox"/> B2.3.1 Durability Modified to agreed
Complaints:	<input type="checkbox"/> Addressed (if any) - see comments	date: _____

STATEMENTS /CERTIFICATES - RECEIVED AND ADEQUATE. Check what is required by the Building consent. Refer to PS checklist on final inspections or separate sheet PS-02 (alternative).

<input type="checkbox"/> PS4	<input type="checkbox"/> Electrical	<input type="checkbox"/> Gas	<input type="checkbox"/> Pressure test	<input type="checkbox"/> Truss
<input type="checkbox"/> Smoke alarm	<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Cladding	<input type="checkbox"/> Glazing	<input type="checkbox"/> Water proofing
<input type="checkbox"/> Solar systems	<input type="checkbox"/> As laid drainage	<input type="checkbox"/> Insulation	<input type="checkbox"/> Surveying	<input type="checkbox"/> Under floor/ Tile heating
<input type="checkbox"/> Other [specify]: _____				

REPORTS Check that the following documents have been received, where relevant to the project.

<input type="checkbox"/> H1	<input type="checkbox"/> Fire	<input type="checkbox"/> Bracing	<input type="checkbox"/> Backflow	<input type="checkbox"/> Structural Engineer
<input type="checkbox"/> Geo-tech / Soil	<input type="checkbox"/> Other: [Specify] _____			

RECORDS OF WORK Check that all relevant elements of restricted building work have been covered by a ROW. Check that all ROW are complete and correct.

Primary structure:	<input type="checkbox"/> Foundations & sub floor framing	<input type="checkbox"/> Walls	<input type="checkbox"/> Roof	<input type="checkbox"/> Columns & Beams	<input type="checkbox"/> Bracing
External moisture management systems:	<input type="checkbox"/> Roof cladding / roof cladding systems	<input type="checkbox"/> Damp proofing	<input type="checkbox"/> Ventilation system		
	<input type="checkbox"/> Wall cladding / wall cladding systems	<input type="checkbox"/> Waterproofing			

COMMENTS: (i) Describe unresolved matters and actions to rectify. (ii) Record any complaints & resolution

CODE COMPLIANCE CERTIFICATE DECISION MAKING (Tick ☒ the appropriate check boxes)

Decision: The CCC ☐ Can be issued ☐ Cannot be issued

Reason for the Decision: (Refer Building Act s92 – 95, s240)

- ☐ SATISFIED on reasonable grounds that the building work complies with the building consent because the final inspection has passed AND all the required documents have been received and are adequate.
- ☐ NOT SATISFIED on reasonable grounds that the building work complies with the building consent because:
- ☐ Work is not complete ☐ Missing documentation ☐ Inadequate documentation

Outcome of Decision:

☐ CCC to be issued ☐ CCC to be issued on payment of fees under s240 ☐ CCC to be refused

Officer's Name: _____ Signature: _____ Date: _____

☐ CCC to be issued, problems have been addressed (Add explanation in comments section above)

Officer's Name: _____ Signature: _____ Date: _____

