

CODE COMPLIANCE CERTIFICATE NO: 49416

Section 95, Building Act 2004

THE OWNER

RABEL, MURRAY GEORGE
PO BOX 4307
MOUNT MAUNGANUI SOUTH
MOUNT MAUNGANUI 3149

CONTACT PERSON

FOWLER HOMES (BAY OF PLENTY) LIMITED
PO BOX 465
SEVENTH AVENUE
TAURANGA 3140

Ph day 0064 07 5799200
Email/website: lisam@fowlerhomes.co.nz

The building

Street address of building: 2 RAIHA STREET

Legal description of land where building is located: LOT 85 DP469932

Building name:

Current, lawfully established, use: DETACHED DWELLING

Year first constructed: 2014

First point of contact for communications with the council/building consent authority: Tauranga City Council, Building Services, Private Bag 12002, Tauranga 3143, phone 07 5777000, fax 07 5777034, info@tauranga.govt.nz

Building work ERECT DWELLING

Building consent number: 49416

Issued by: Tauranga City Council

Code compliance

The building consent authority named below is satisfied, on reasonable grounds, that -

- a) the building work complies with the building consent

Compliance Schedule: No

Signature



MANAGER: BUILDING SERVICES
On behalf of: Tauranga City Council

Date: 04 Dec 2014



Code Compliance Certificate Assessment Checklist

Building Consent No: 49416

Certificates and
Notices Procedure
Ver: 1
Issued: 21.11.13

PROJECT

Site Address: 2 RAIHA STREET PAPAMOA
Legal Description: LOT 85 DP469932
Work Description: ERECT DWELLING
Building Category: R1

OWNER

Name(s): RABEL, MURRAY GEORGE
Address: PO BOX 4307 MOUNT MAUNGANUI SOUTH MOUNT MAUNGANUI 3149

File Completion Checklist

- [P] CCC Application Form 6 received and complete
- [P] All the relevant inspections have been completed
- [P] All failed inspections cleared
- [P] Job Report has no outstanding matters on it
- [NA] New compliance schedule required or existing requires amending
- [NA] Compliance Schedule Statement form attached and CS can be issued
- [NA] Amendments resolved and fees paid
- [P] Required documents (producer statements, certificates, photos, reports) received
- [P] Received documents acceptable
- [P] LBP Certificates received and accepted
- [P] Consent conditions satisfied
- [P] CCC CAN BE ISSUED

NOTES:

Inspections prepaid 12
Inspections done 9

Emailed

All information and documentation is present and correct. A Code Compliance Certificate can be issued providing all outstanding additional fees and/or development contribution has been paid (Team Leader or Manager Building Services).

Signed: *Rob Wickman*
Name: Rob Wickman
Position: Building Officer

R
Date: 2 December 2014

Quality Review Check

Signed: *[Signature]*
Name: *SPERSON*
Position: *BUILDING OFFICER*

✓
Date: *2/12/14.*

GoGet Job Report

12/11
12
9

Consent No 49416
Application Date 12 Mar 2014
Issue Date 28 Apr 2014
Site Address 2 RAIHA STREET PAPAMOA
Valuation Ref 0694320140
Parcel ID 7493523
Referred Date
CCC Issued Date
Cancelled Date
Owner RABEL, MURRAY GEORGE
Owner Address PO BOX 4307 MOUNT MAUNGANUI SOUTH MOUNT MAUNGANUI 3149
Owner Phone (Res)
Owner Phone (Bus)
Owner Phone 021 612502
Designer RUSSELL, PAUL
Designer LBP No 113891
Work Type RESIDENTIAL
Intended Use ERECT DWELLING
Building Class R1
Legal Description LOT 85 DP469932
Problem? No
Disallow Bookings No
Restricted Building Yes
Notes Prior to the issuing of the Code Compliance Certificate for the structure pursuant to the Building Act 2004, a licensed cadastral surveyor shall certify to the Council in writing that the floor level has been constructed to the minimum level.

Last Inspected	Status	Inspection Type	Inspector	Notes
13/10/2014	Pass	Final Plumbing	John Turner	Passed: Final Plumbing Final plumbing inspection passed. fixture layout apart from H. WC moving. Gully heights are correct. Shower in main bathroom is acrylic base with tiled walls. Eusuite is acrylic shower. Complete.
13/10/2014	Pass	Final Building	John Turner	Passed: Final Building Final building inspection passed, Hot water cylinder has been moved to laundry cupboard. Cupboard at rear of computer cupboard has been removed. Apart from these changes it is as per plan. Received required paperwork. Complete.
23/07/2014	Pass	Pre Stopping	Andrew George	Passed: Pre Stopping Bracing sheets all correct as per layout. Ok to continue

GoGet Job Report

17/07/2014 1:02pm	Pass	Drainage	Jeremy Williams	Passed: Drainage sewer and stormwater inspection passed. As laid drainage plan required.
17/07/2014	Pass	Preline Building	Jeremy Williams	Passed: Preline Building Moisture content ok. Preline passed.
4/07/2014 4:16pm	Fail	Preline Building	John Turner	Failed: Preline Building Preline building inspection failed. MC to high. Ok to line ceilings only. Air seals are in place apart from around front door. Insulation is in walls and ceilings. Recheck required.
23/06/2014 9:28am	Pass	Preline Plumbing	Mark Bell	Passed: Preline Plumbing Pre line plumbing ok/ vent to go through roof. pressure test to come. Hot water cylinder position changed to Laundry
23/06/2014 9:27am	Pass	Cavity	Mark Bell	Passed: Cavity Cavity for linea- all ok Pre line plumbing all ok
3/06/2014 9:27am	Pass	Fixing/Framing	Ian Watson	Passed: Fixing/Framing All fixings as per plan, ok to wrap and roof. Note Carters has changed 2 flitch beams in master bedroom and family room to hybeams and provided detail.
8/05/2014 1:02pm	Pass	Slab with Underfloor	Ian Watson	Passed: Slab with Underfloor Standard 3604 slab ok to pour. Post hole at front also to plan. Underfloor to plan too.
30/04/2014 9:25am	Pass	Foundations	Ian Watson	Passed: Foundations Standard 3604 footing as per plan , ok to pour.



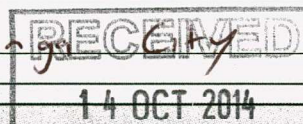
Form 6 APPLICATION FOR CODE COMPLIANCE CERTIFICATE

Section 92, Building Act 2004

THE BUILDING CONSENT

Building consent number: 49410

Issued by [name of building consent authority that granted building consent]: Tauranga City



THE OWNER

Name of owner [include preferred form of address, eg, Mr, Miss, Dr, if an individual]:

Rabel Estate Ltd

Contact person [if the applicant is not an individual]: Murray Rabel

Mailing address: P.O. Box 4307 Mount Margaret South

Tauranga

Street address/registered office:

Phone number: Landline: 021 612 502 Mobile: 021 612 502

Daytime: After hours:

Facsimile number:

Email address: murrayrabel@gmail.com Website [if applicable]:

The following evidence of ownership is attached to this application [copy of certificate of title, lease, agreement for sale and purchase, or other document showing full name of legal owner(s) of the building]:

AGENT

[Only complete this section if the application is being made on behalf of the owner]

Name of agent:

Contact person [if the agent is not an individual]:

Mailing address:

Street address/registered office:

Phone number: Landline: Mobile:

Daytime: After hours:

Facsimile number:

Email address: Website [if applicable]:

Relationship to owner [state details of the authorisation from the owner to make the application on the owner's behalf]:

First point of contact for communications with the council/building consent authority [state full name, mailing address, phone number(s), facsimile number(s), and email address(es). Contact details must be in New Zealand]:

APPLICATION

All building work to be carried out under the above building consent was completed on [insert date]: 6/10/2014

The licensed building practitioner(s) who carried out or supervised the restricted building work is/are as follows:

Name	Licensing class	Licensed building practitioner number (or registration number if treated as being licensed under section 291 of Building Act 2004)	Particular work carried out or supervised
Murray Rabel	Carpentry	BP	Carpentry
Dave Wasler	Roofing	BP123748	Roof
Murray Rabel	Carpentry	BP	Foundations
" " "	" " "	BP	External Cladding

The personnel who carried out building work other than restricted building work are as follows:

[List names, addresses, telephone numbers, and (where relevant and if not provided above) licensed building practitioner numbers or Plumbers, Gasfitters, and Drainlayers Board registration numbers]

Plumber - Costar Plumbing Ltd Mob 0274599414
Drainlayer - Bethlehem Plumbing & Drainlayers Service
Plumbers Registration 04702

Note: continue on another page if necessary

The following specified systems are contained on the compliance schedule for the building and, in the opinion of the personnel who installed them, are capable of performing to the performance standards set out in the building consent:

[List specified systems]

Carl Fisher Tile layer 58 Russley Dr Tauranga

I request that you issue a code compliance certificate for this work under section 95 of the Building Act 2004.

The code compliance certificate should be sent to: [state which address, and whether owner or agent]

Rabel Estate Ltd, P.O. Box 4307
Mount Mangonui

Signature of owner/agent on behalf of and with the authority of the owner [delete one]:

M. J. Rabel

Name of person signing:

Murray Rabel

Date:

10/10/2014

ATTACHMENTS

The following documents are attached to this application:

- ☒ Memoranda (Records of Building Work) from licensed building practitioner(s) stating what restricted building work they carried out or supervised
- ☒ Other documents from the personnel who carried out the work
- ☐ Evidence that specified systems are capable of performing to the performance standards set out in the building consent



ADVICE OF LICENSED BUILDING PRACTITIONERS(S)

Section 87, Building Act 2004

1 THE BUILDING (project location)

Building name (if applicable): _____
 Building street address: 2 Raha St, Golden Sands, Papamoa

2. THE PROJECT

Building consent number: 49416

3. THE OWNER (must be completed and all details must be the owner's)

Owner's name (for individuals, state the preferred form of title, e.g. Mr, Mrs, Ms, Miss, Dr. For companies, trusts and other organisations provide a contact person's name): Murray Rabel (Rabel Estate Ltd)

Address: P.O. Box 4307 Mt Mangarui South

Date: 10/10/2014

Mobile: 021 612 502

Fax: _____

Landline: _____

After Hours: _____

E-mail: murrayrabel@gmail.com



4. LICENSED BUILDING PRACTITIONERS ENGAGED TO CARRY OUT/SUPERVISE RESTRICTED BUILDING WORK

Particular work to be carried out or supervised	Name	Licensing class	Licensed building practitioner number (or registration number if treated as being licensed under section 291 of Act)
Dave Washer Roofing	David Washer	Roofing R1 R2 R3	BP123748
Carpentry Foundations External Cladding	Murray Rabel	Carpentry Site 2	BP108721

4. LICENSED BUILDING PRACTITIONERS ENGAGED TO CARRY OUT/SUPERVISE RESTRICTED BUILDING WORK (cont.)

Particular work to be carried out or supervised	Name	Licensing class	Licensed building practitioner number (or registration number if treated as being licensed under section 291 of Act)

COUNCIL USE ONLY

LBP(s) checked	Y	All OK	Y	N
Comments				
Date Issued				



Compliance and Electrical Safety Certificate

This form has been issued by the Electrical Workers Registration Board



Safety • Competency

This form has been designed to be used by licensed electrical workers to certify low voltage installations or part installations that comply with Part 2 of AS/NZS 3000 and are safe to be connected to a 230/400 volt multiple earth neutral (MEN) system of electrical supply.

(1) Location of installation

Address: 2 Raika st

(2) Customer Information

Name: Rabel A Estate Ltd

Postal Address: PO Box 4307 Mount South

Phone and Email: 021612502

(3) Electrical Worker Information

Name: Tony Jackson

Registration/Practising Licence Number: E263947

Organisation: COMPLETE ELECTRICAL

Telephone Number: 021543755

Email: completeelectrical@ihug.co.nz

Name of person(s) being supervised: Brendon Anderson

(4) Work Details

The work is (circle): **additions** | **alterations** | **new work**

The prescribed electrical work is: ☒ High Risk ☐ General ☐ Low Risk ☐ The homeowner has undertaken part of the electrical installation work.
(Please tick (✓) as appropriate)

Indicate the number of each item installed or altered:

Number of lighting outlets: 34

Number of socket outlets: 29

Number of ranges: 1

Number of water heaters: 1

Other Work?

Hob

Heat pump

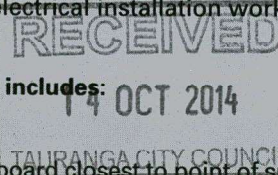
Tick (✓) if work includes:

☒ Mains

☒ MEN switchboard closest to point of supply

☒ Main Earthing System

☐ Electric Lines



(5) Certification of Work

I certify that the completed prescribed electrical work to which this certificate applies, has been done lawfully and safely and the information in the certificate is correct in that the installation, or part of the installation:

- ☒ has been installed in accordance with a certified design
- ☒ has an earthing system that is correctly rated
- ☒ contains fittings which are safe to connect to a power supply
- ☒ relies on supplier's Declaration of Conformity (attach or reference¹)
- ☒ relies on manufacturer's instructions (attach or reference¹)
- ☒ has been satisfactorily tested in accordance with Electricity (Safety) Regulations 2010
- ☒ is safe to connect

Electronic reference: _____

Electrical Worker's Signature: [Signature]

Date: 22/9/2014

1. If it is impractical to attach a copy of a particular manufacturer's instructions, or of any certified design or supplier declarations of conformity, provide a reference to where the documents can be found, in a readily accessible format, through electronic means.

Test Results:		
	Electrical Worker	Inspector
Polarity (independent earth):	✓	
Insulation resistance:	100MΩ+	
Earth continuity:	0.3Ω	
Bonding:	0.3Ω	
Other (specify):		

(6) Electrical Safety Certificate

I certify that the installation, or part of the installation, to which the Electrical Safety Certificate applies is connected to a power supply and is safe to use

Name: Tim Anton

Registration/Practising Licence Number: 52832

Signature: [Signature]
(if certifier is different from electrical worker)

Date: 23/9/2014

CUSTOMER COPY - THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE RETAINED



ALDERSLEY SURVEYS

Ref. 1973-01

28th November 2014

Murray Rabel
murrayrabel@gmail.com

STATEMENT OF CERTIFICATION, BUILDING FINISHED FLOOR LEVEL

2 Raiha Street, Golden Sands, Papamoa (Lot 85 DP 469932)

I hereby confirm that;

- With respect to the Finished Floor Level (FFL) of the building development on the above property, the building has been constructed above the minimum required level of RL 6.05m Moturiki Datum.

The certification is based on a site specific level survey (carried out on 26th Nov 2014) using Tauranga City Council bench mark data obtained from Council GIS.

This professional opinion is furnished to Council and the owner of the property for their purpose alone, on the express condition that it will not be relied upon by any other person, for the purpose of confirming the Consent Notice building floor level requirement.

Yours faithfully

T J Aldersley
Registered Professional Surveyor, MNZIS



Producer Statement

INSTALL

CARTERS INSTALLED SOLUTIONS

Building Details

Builder: Rabel Estate
Lot:
DP:
Address: 2 Raiha Pl , Golden Sands, Papamoa
City/Town: Tauranga
Council: Tauranga City Council
Consent: 49416
Notes:

Carters Install + consider on reasonable grounds that the product(s) listed below have been installed into the above building in accordance with all applicable industry standards, codes and the manufacturer's specifications (including Building Code clause H1). This Producer Statement is issued subject to the Carters standard terms and conditions of sale (available at www.carters.co.nz).

Product Details

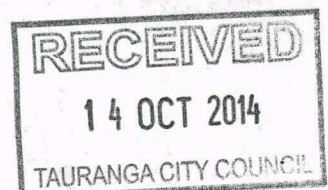
Product Type: Insulation
Ceiling: R3.2 Bradford Gold Ceiling Batts
Wall: R2.2 Bradford Gold Wall Batts
Midfloor:
Acoustic:
Other:
Notes:

Completion Details

Merchant: Carters Tauranga
Installer: Adrian Rickard
Date Installed: 2/07/2014
Date Issued: 8/10/2014

Installer: *Adrian Rickard*

Manager: *Adrian Rickard*



Install+ Carters Installed Solutions
Birch Ave Tauranga 07 5789099 www.carters.co.nz

COSTAR PLUMBING LIMITED

Tuesday, 17 June 2014

To Whom It May Concern.

In accordance with G12/AS1 clause 7.5 a pressure test was carried out subjecting the hot and cold system to a pressure of 1500kPa for a period of not less than 15 minutes and the system was inspected during this time to ensure there were no leaks.

JOB NAME: RABEL ESTATES LTD
CONSENT NUMBER 49416

Thank you,
COSTAR PLUMBING LIMITED



257 TE PUNA ROAD, RD 6, TAURANGA 3176
PH/ 07 5621353
DARYL COSTAR 027 4599414
dmcostar@orcon.net.nz
GST NUMBER 107276718





MiTek New Zealand Limited

Correspondence from : **AUCKLAND**
40 Neales Road, East Tamaki 2013
PO Box 58-014, Botany 2163
Phone: 09 274 7109
Fax: 09 274 7100

CHRISTCHURCH
14 Pilkington Way, Wigram 8042
PO Box 8387, Riccarton 8440
Phone: 03 348 8691
Fax: 03 348 0314

MiTek 20/20 Engineering 4.6.6.210

www.mitek.nz.co.nz

Printed: 10:34:52 10 Oct 2014

PRODUCER STATEMENT for MiTek 20/20® TRUSS DESIGN - Version 4.6

ISSUED BY: **MiTek New Zealand Limited**

TO: **Cambridge Manufacturing**

IN RESPECT OF: **MiTek® Truss Designs**

This producer statement covers the MiTek 20/20® truss design and the structural performance of the GANG-NAIL® connector plate for the job reference **FC10595** and may be used by a Building Consent Authority to assist in determining compliance with the New Zealand Building Code.

The MiTek 20/20® truss design program has been developed by MiTek New Zealand Limited for the design of MiTek® timber roof, floor and attic trusses in New Zealand. The truss designs computed by MiTek 20/20® are prepared using sound and widely accepted engineering principles, and in accordance with compliance documents of the New Zealand Building Code and Verification Method B1/VM1; and internationally accepted standard ANSI/TPI 1 - 2002 as an alternative solution to satisfy the requirements of Clause B1 of the New Zealand Building Code.

On behalf of MiTek New Zealand Limited, and subject to:

- i) All proprietary products meeting their performance specification requirements
- ii) The provision of adequate roof bracing and overall building stability
- iii) Correct selection and placement of GANG-NAIL connector plates
- iv) Correct input of Truss Design Data as shown in the Fabricator Design Statement for this job
- v) The design being undertaken by the accredited fabricator under the terms of the software licence

I believe on reasonable grounds that the trusses, if constructed in accordance with the MiTek 20/20® truss design and shop drawings, will comply with the relevant provisions of the New Zealand Building Code.

MiTek New Zealand Limited holds a current policy of Professional Indemnity Insurance no less than \$500,000.

On behalf of MiTek New Zealand Limited,

Date: Friday, 10 October 2014

In Ling Ng, BE (Hons), CPEng, IntPE, MIPENZ (ID: 146585)
TECHNICAL SERVICES MANAGER, MiTek New Zealand Limited



Job: FC10595

Client: Fowler Homes
Phone:Site: Rabel Estate
Lot 5 Raiha St
Golden Sands
PapamoaDescription:
Building Consent No.:
MITek 20/20 Engineering 4.6.6.210

Phone:

Printed: 10:34:52 10 Oct 2014

MITek New Zealand Limited

MITEK FABRICATOR DESIGN STATEMENT

This statement is issued by MITek accredited fabricator **Cambridge Manufacturing**, being licensed to use the MITek 20/20[®] software, to the client listed above and may be used by the Building Consent Authority to assist in determining compliance with the New Zealand Building Code.

MITek 20/20[®] TRUSS DESIGN DATA

The MITek 20/20[®] computer design for this job is based on the following design parameters entered into the program. The Fabricator shall ensure that these job details are current and relevant to the project for the design of the MITek[®] trusses.

Job Details**Roof Truss**

Timber Group: MSG8 DDP H1.2
Roof
Material: Longrun
Dead Load: 0.210 kPa
Restraints: 900 mm centres
Live Load: Q_r = 0.250 kPa
Q_c = 1.100 kN

Importance Level: 2

Pitch: 15.000 deg
Ceiling
Material: Gib 13mm/Rondo Screwed
Dead Load: 0.200 kPa
Restraints: 600 mm centres
Live Load: Q_c = 1.400 kN

Design Working Life: 50 years

Nominal Overhang: 450 mm

Wind

Area: High (44.0 m/s)
Pressure Coeff: C_{pe} = varies; C_{pi} = -0.30, 0.20

The timber for these MITek[®] trusses shall be treated to the requirements of NZS 3602:2003 and shall be graded to the requirements of NZS 3603:1993. Unless otherwise noted, this design assumes that the steel fixings and timber connectors proposed are located in a "closed environment", as defined by NZS3604:2011 Section 4.

MITek[®] Truss List

Legend: * = detail only, ? = input only, ✕ = failed design, Ø = non certified, Unmarked trusses = designed successfully, LB = lateral bracing required
GB = gable brace required, CF = Chemical Free Treatment

Roof Truss

Treatment: Top Chords - H1.2 Bottom Chords - H1.2 Webs - H1.2

Truss	Qty	Span (mm)	Pitch (deg)	Spacing (mm)	Truss	Qty	Span (mm)	Pitch (deg)	Spacing (mm)	Truss	Qty	Span (mm)	Pitch (deg)	Spacing (mm)
*HB1	1	2505	10.729	900	J3E	2	1412	15.000	900	*R6	2	953	15.000	900
*HB10	1	1296	10.728	900	J4	1	2167	15.000	900	*R7	3	808	15.000	900
*HB11	1	6225	10.729	900	J4A	2	2167	15.000	900	*R7A	1	808	15.000	900
*HB2	1	8544	10.729	900	J4B	1	2167	15.000	900	*R8	1	1756	15.000	900
*HB3	1	2420	10.729	900	J4C	1	2167	15.000	900	*R9	2	1746	15.000	900
*HB4	1	5522	10.729	900	J4D	2	1267	15.000	900	T1	3	11260	15.000	900
*HB5	1	6352	10.729	900	J4E	2	1267	15.000	900	T2	1	6180	15.000	900
*HB6	1	2006	10.729	900	J5	1	2067	15.000	900	T2A	2	6180	15.000	900
*HB7	2	5157	10.729	900	J5A	1	2067	15.000	900	T3	1	6470	15.000	900
*HB8	2	4952	10.729	900	J5B	1	2067	15.000	900	T4	1	4960	15.000	900
*HB9	2	3538	10.729	900	J5C	1	1167	15.000	900	T5A	1	3868	15.000	900
HTG1	1	3157	15.000	900	J5D	1	1167	15.000	900	TG1	1	11260	15.000	900
J1	1	3807	15.000	900	J6	1	1645	15.000	900	TG1A	1	10248	15.000	900
J1A	1	3807	15.000	900	J6A	1	1645	15.000	900	TR4	1	4960	15.000	900
J1B	1	3807	15.000	900	J6B	1	1357	15.000	900	TR1	1	11260	15.000	900
J1C	1	3807	15.000	900	J6C	1	1357	15.000	900	TR1A	1	11260	15.000	900
J1D	1	3807	15.000	900	J7	1	1955	15.000	900	TR2	1	6180	15.000	900
J1E	1	2907	15.000	900	J7A	1	1955	15.000	900	TR2A	1	6180	15.000	900
J1F	1	2907	15.000	900	J7B	1	1680	15.000	900	TR5	1	3868	15.000	900
J1G	1	2007	15.000	900	J7C	1	1057	15.000	900	TR5A	1	3868	15.000	900
J1H	1	2007	15.000	900	J8	1	3157	15.000	900	V1	1	2858	15.000	900
J1J	1	1098	15.000	900	J8A	1	3157	15.000	900	V2	1	1958	15.000	900
J2	1	2868	15.000	900	J8C	1	3157	15.000	900	V3	1	2513	15.000	900
J2A	1	2868	15.000	900	*R1	12	741	15.000	900	V4	1	1613	15.000	900
J3	1	2312	15.000	900	*R10	1	2259	15.000	900	V5	1	1913	15.000	900
J3A	2	2312	15.000	900	*R11	1	652	15.000	900					
J3B	1	2312	15.000	900	*R2	1	3496	15.000	900					
J3C	1	2312	15.000	900	*R3	1	1901	15.000	900					
J3D	2	1412	15.000	900	*R5A	1	898	15.000	900					

Treatment: Top Chords - H1.2 Bottom Chords - H3.1 Webs - H1.2

Truss	Qty	Span (mm)	Pitch (deg)	Spacing (mm)
T3A	1	6470	15.000	900
T5	1	4180	15.000	900
TG2	1	6180	15.000	900
TG3	1	6470	15.000	900

Roof Truss quantity : 114

Total quantity : 114



Cambridge Manufacturing

Fabricator Design Statement : Page 2

Job: FC10595

Client: Fowler Homes
Phone:

Site: Rabel Estate
Lot 5 Raiha St
Golden Sands
Papamoa

Description:
Building Consent No.:
MITek 20/20 Engineering 4.6.6.210

Phone:

MITek New Zealand Limited

Printed: 10:34:52 10 Oct 2014

The computer design input has been carried out by:

Name of Computer Operator: Brian Scott

Qualifications and Title: Truss Detailer

Signed:

CARTERS

A Division of Carter Holt Harvey

Dated: Friday, 10 October 2014



NOTIFICATION OF POINT LOADED LINTELS AND POINT LOADS ON
INTERNAL WALLS WHERE THE DOWNLOAD IS HIGHER THAN 10kN
OR THE UPWARD LOAD IS GREATER THAN 12kN
Note: If no point loads indicated, loading does not exceed above.

FINAL LAYOUT

CARTERS
Your Building Partner

Cambridge Manufacturing
77 Hautapu Rd, Cambridge
(07) 823 7312

JOB NO **FC10595**

Client: Fowler Homes
Job Name: Rabel Estate
Address: Lot 5 Raha St
Golden Sands
Pacamoia

Pitch: 15.0deg
Roof Material: Longrun
Soffit Overhang: 450mm
Wind Area: High
Snow Load(factored): 0.000kPa

Trusses and rafters at 900 mm max centres
unless stated otherwise.

This layout is to be read in conjunction
with the Architectural plans.

DRAWN BY Brian Scott

DATE 13 May, 2014 PAGE 2 of 2

These lintels have been sized using
one of the following:

The GANGLAM 04/2008 and
FLITCH BEAM 12/2007
selection manuals from MITek NZ Ltd.

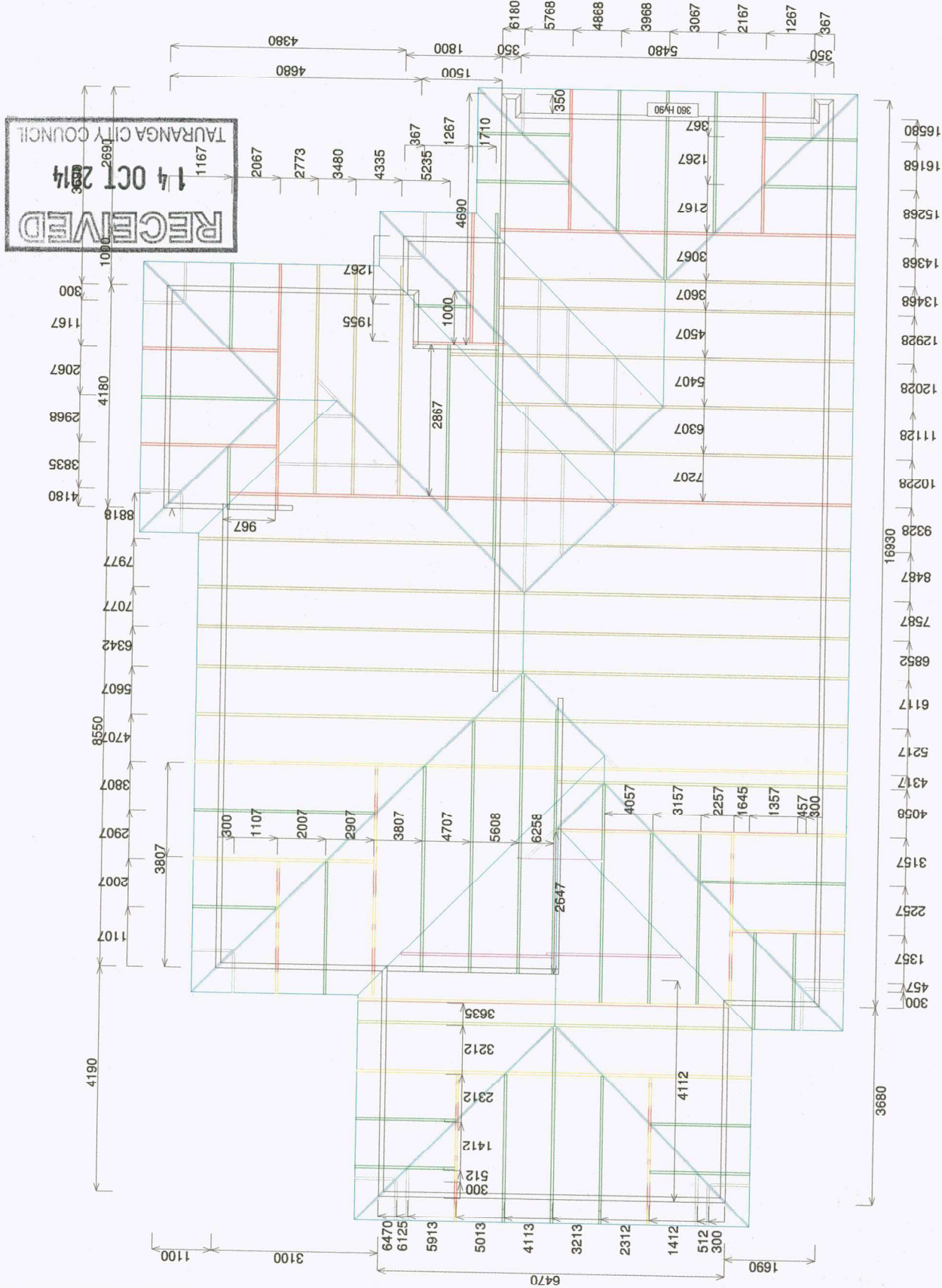
hy90 and hyONE lintels have been sized
using designIT v5 NZ software
(incl. sub versions) or selection manuals,
hy90 Edition 1, and hyONE April 2008,
as provided by CHH Woodproducts.

Unless otherwise stated the timber grade
for all lintels is MSGA. Lintels not shown
are to be selected as per NZS3604: 2011.

All walls shown on this layout are
considered to be load bearing.



See Page 1 for Truss
Layout and Fixings



FINAL LAYOUT

Cambridge Manufacturing
77 Hautapu Rd, Cambridge
(07) 823 7312

JOB No **FC10595**

Client: Fowler Homes
Job Name: Rabal Estate
Address: Lot 5 Raiha St
Golden Sands
Papamoa

Pitch: 15.0deg
Roof Material: Longrun
Soffit Overhang: 450mm
Wind Area: High
Snow Load(factored): 0.000kPa

Trusses and rafters at 900 mm
max centres unless stated otherwise.
This layout is to be read in conjunction
with the Architectural plans.

DRAWN BY Brian Scott

DATE 13 May, 2014 PAGE 1 of 2

FIXINGS

A = 47x90 JH
B = 47x120 JH
D = 47x190 JH
E = 95x165 JH

C = CT200 (pair)
M = Multigrips (pair)
N = Nailon Plate
Q = 9kN Pack
P = 16kN Pack

All other truss fixings
must have two wire dogs
unless indicated as above

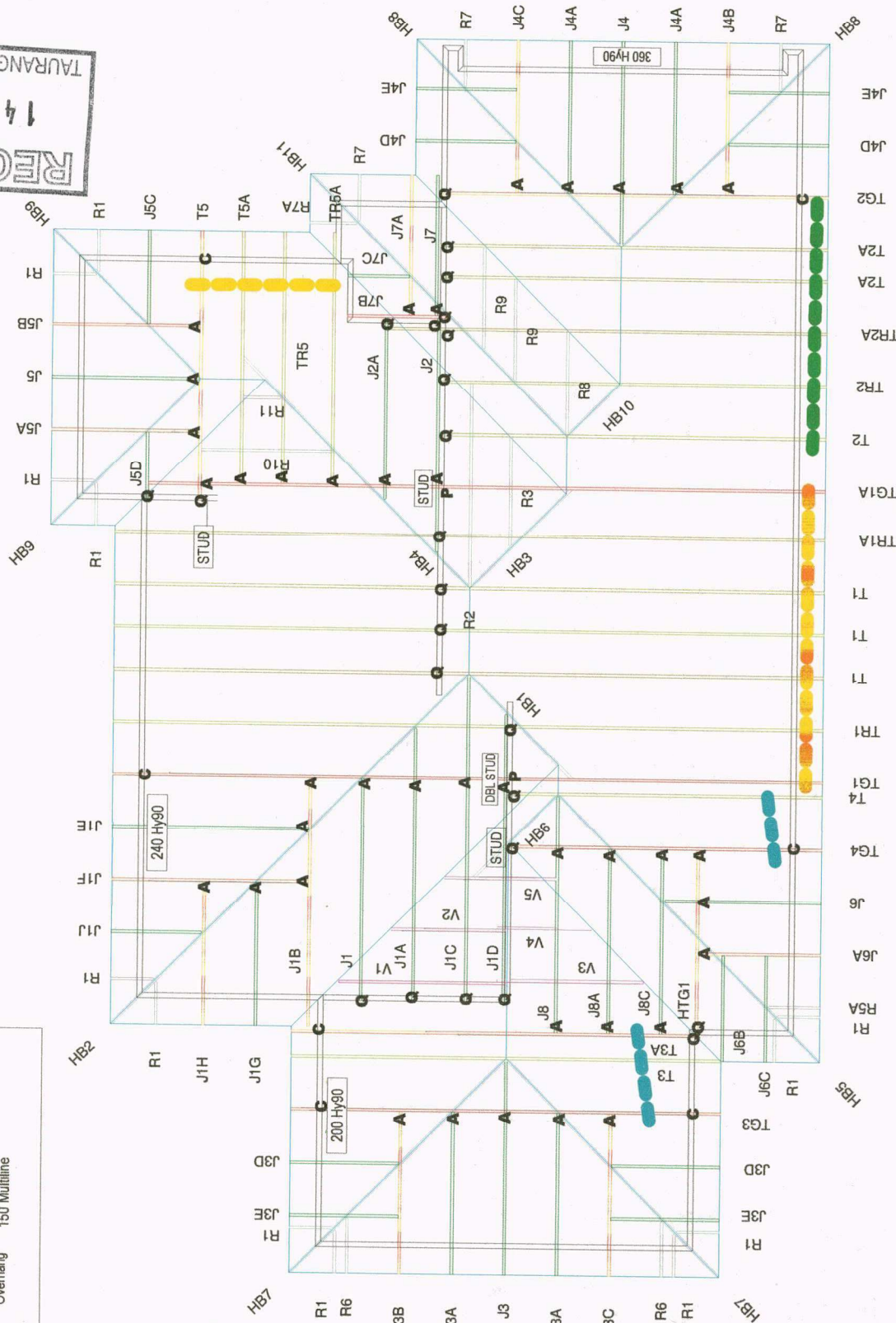
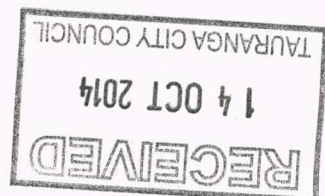
NOTE

Please contact your local CARTERS
Manufacturing Branch for any queries
regarding this layout or if any on site remedial
work is required.

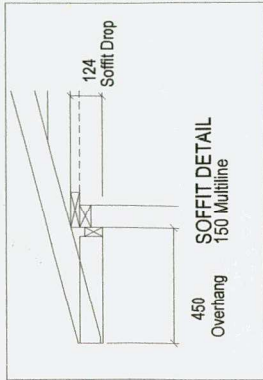
No modifications to Roof Trusses or Wall Frames
are to be undertaken without first obtaining
written authority from CARTERS Manufacturing.



See Page 2 for dimensions
& lintel statement



FINAL LAYOUT



CARTERS
Your Roofing Partner

Cambridge Manufacturing
77 Hautapu Rd, Cambridge
(07) 823 7312

JOB No FC10595
Client: Fowler Homes
Job Name: Rebel Estate
Address: Lot 5 Raiha St
Golden Sands
Papamoa

Pitch: 15.0deg
Roof Material: Longrun
Soffit Overhang: 450mm
Wind Area: High
Snow Load (factored): 0.000kPa

Trusses and rafters at 900mm max centres unless stated otherwise.
This layout is to be read in conjunction with the Architectural plans.

DRAWN BY Brian Scott

DATE 13 May, 2014 PAGE 1 of 2

FIXINGS

A = 47x90 JH
B = 47x120 JH
D = 47x190 JH
E = 95x165 JH
C = CT200 (pair)
M = Multigrrips (pair)
N = Nailon Plate
Q = 9kN Pack
P = 16kN Pack



Joist Hanger



CT 200



Multi Grips



Nailon plate



CPC

All other truss fixings must have two wire dogs unless indicated as above

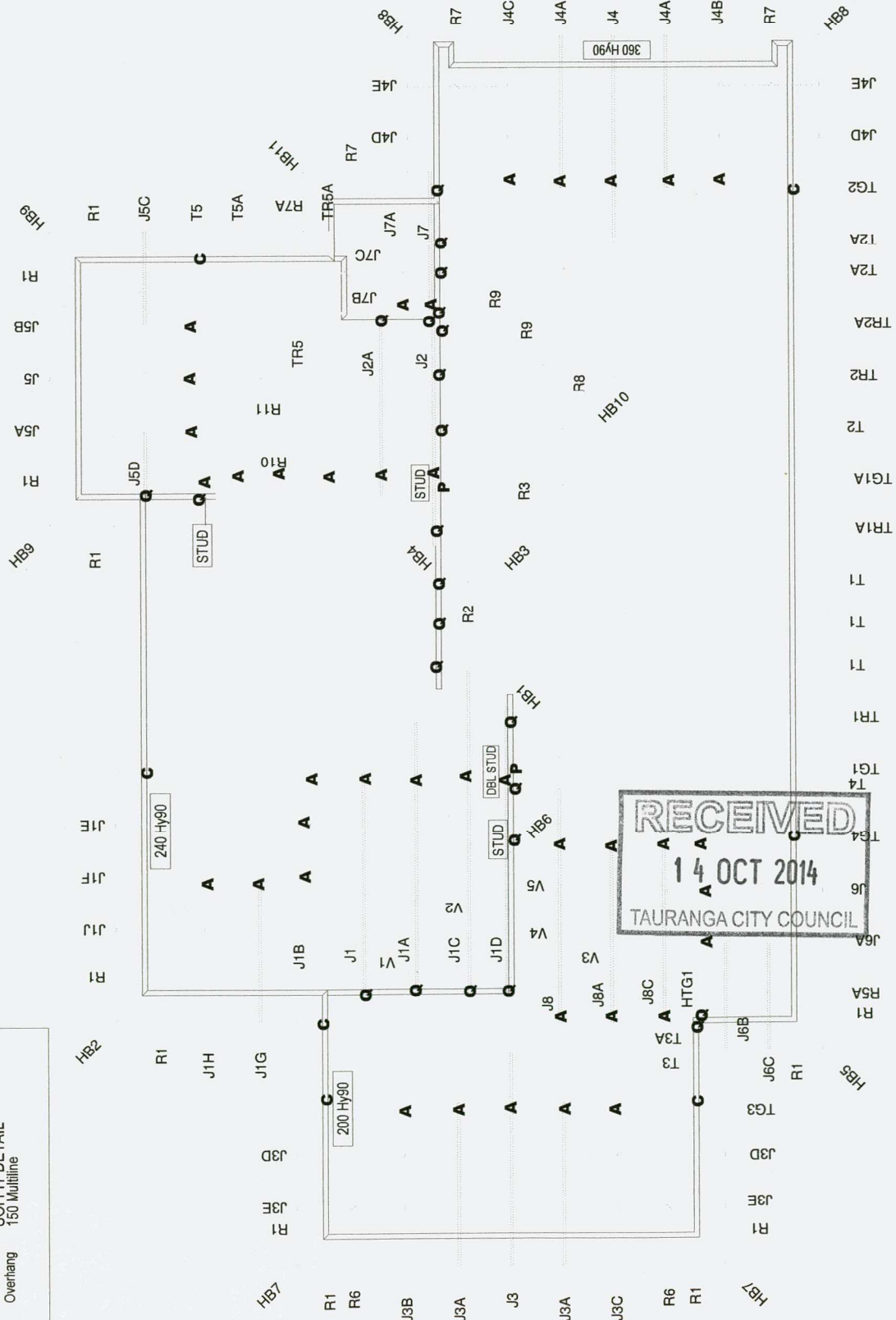
NOTE

Please contact your local CARTERS Manufacturing Branch for any queries regarding this layout or if any on site remedial work is required.

No modifications to Roof Trusses or Wall Frames are to be undertaken without first obtaining written authority from CARTERS Manufacturing.



See Page 2 for dimensions & lintel layout



NOTIFICATION OF POINT LOADED LINTELS AND POINT LOADS ON
INTERNAL WALLS WHERE THE DOWNLOAD IS HIGHER THAN 10KN
OR THE UPWARD LOAD IS GREATER THAN 12KN
Note: If no point loads indicated, loading does not exceed above.

FINAL LAYOUT

CARTERS
Your Partner

Cambridge Manufacturing
77 Hautapu Rd, Cambridge
(07) 823 7312

JOB No **FC10595**

Client: Fowler Homes
Job Name: Rabel Estate
Address: Lot 5 Raiha St
Golden Sands
Papamoa

Pitch: 15.0deg
Roof Material: Longrun
Soffit Overhang: 450mm
Wind Area: High
Snow Load(factored): 0.000kPa

Trusses and rafters at 900 mm max centres
unless stated otherwise.

This layout is to be read in conjunction
with the Architectural plans.

DRAWN BY Brian Scott

DATE 13 May, 2014 PAGE 2 of 2

These lintels have been sized using
one of the following :

The GANGLAM 04/2008 and
FLITCH BEAM 12/2007
selection manuals from MITek NZ Ltd.

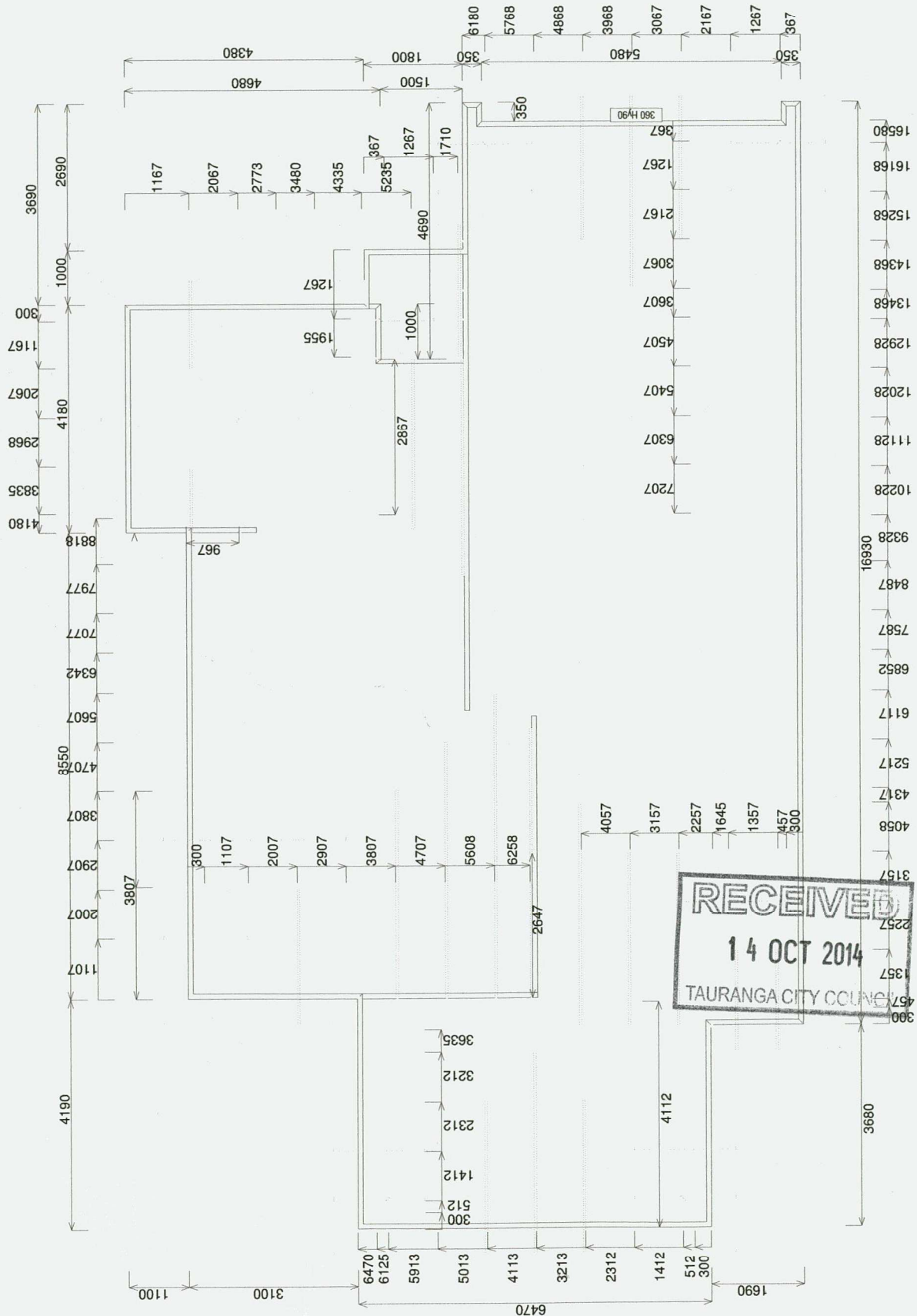
hy90 and hyONE lintels have been sized
using designIT v5 NZ software
(Incl. sub versions) or selection manuals,
hy90 Edition 1, and hyONE April 2008,
as provided by CHH Woodproducts.

Unless otherwise stated the timber grade
for all lintels is MSC8. Lintels not shown
are to be selected as per NZS3604: 2011.

All walls shown on this layout are
considered to be load bearing.



See Page 1 for Truss
Layout and Fixings



PRODUCER STATEMENT

PRODUCER STATEMENT
APPROVED AUTHOR
DATE: 20/11/14

I CARL FISHER
Full name

Of 58 RUSSELY DRIVE
Full address

Confirm that I have applied DARCO K10
Identify system

WATERPROOF

At 2 Raiha St, Papamoa, Golden Sands
Address

On 25.09.2014
Date

In accordance with all of the manufacturer's installation application requirements.

I am satisfied that the substrate over which the system has been applied had been suitably prepared for the application of that system and that the required flashings and/or waterproofing fittings had been properly installed.

Signed: [Signature] Date: 07.10.2014





Memorandum from licensed building practitioner: Record of building work

Section 88, Building Act 2004

Please fill in the form as fully and correctly as possible.

If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING	
Street address:	2 Raika St
Suburb:	Golden Sands
Town/City:	Papamoa
Postcode:	

THE PROJECT	
Building consent number:	49416

THE OWNER(S)	
Name(s):	Rabel Estate Ltd
Mailing address:	P.O. Box 4307
Suburb:	Mt Maunganui South
PO Box/Private Bag:	4307
Town/City:	Tauranga
Postcode:	
Phone number:	021 612 502
Email address:	murrayrabel@gmail.com

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

PRIMARY STRUCTURE

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing <input checked="" type="checkbox"/>	ring foundation	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Walls <input checked="" type="checkbox"/>	Erected	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Roof <input checked="" type="checkbox"/>	Trusses Erected	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Columns and beams <input checked="" type="checkbox"/>	Entry Column	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Bracing <input checked="" type="checkbox"/>	as per plans gib bracing system	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Other <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised



EXTERNAL MOISTURE MANAGEMENT SYSTEMS

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Roof cladding or roof cladding system <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Ventilation system (for example, subfloor or cavity) <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Wall cladding or wall cladding system <input checked="" type="checkbox"/>	Linen on cavity	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Waterproofing <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Other <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised



ISSUED BY

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.

Name: Murray Rabel LBP number: 108 121

Class(es) licensed in: Carpentry Site 52

Plumbers, Gasfitters and Drainlayers registration number (if applicable):

Mailing address (if different from below):

Street address/Registered office:

Suburb: Mt Maunganui South Town/City: Tauranga

PO Box/Private Bag 4307 Postcode:

Phone number: Mobile: 021 612 502

After hours: Fax:

Email address: murrayrabel@gmail.com Website:

DECLARATION

I Murray Rabel carried out or supervised the restricted building work recorded on this form.

Signature: M. J. Rabel

Date: 10/10/2014



Memorandum from licensed building practitioner:

Record of building work - Roofing

Section 88, Building Act 2004

THE BUILDING

Street address: Lot 85, 2 Raiha St	
Suburb: Papamoa Beach	
Town/City: Papamoa	Postcode: 3118

THE PROJECT

Installation of Longrun Roofing - Building consent number: 49416

THE OWNER(S)

Name(s): Builder Fowler Homes	
Mailing address: Lot 85, 2 Raiha St	
Suburb: Papamoa Beach	PO Box/Private Bag
Town/City: Papamoa	Postcode: 3118
Phone number:	Email address:



EXTERNAL MOISTURE MANAGEMENT SYSTEMS

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Description of RBW carried out	Supply & Installation of Longrun Roofing	
Roof Cladding	.40 ZR8 ColorCote Corrugate	
	Determine Purlin setout	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
	Install Valley trays	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
	Load Roofing onto roof	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
	Fix Longrun Roofing & Underlay	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
	Cut and fix Valleys and Ridging	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised

	Install ColorCote Apron Flashings	<input type="checkbox"/> Carried out
		<input type="checkbox"/> Supervised
	Inspect finished Roofing and Correct Defects	<input type="checkbox"/> Carried out
		<input checked="" type="checkbox"/> Supervised

ISSUED BY

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.

Name: DAVID WASHER

LBP number: BP123748

Class Licensed in: Roofing R1, R2, R3, R4

Plumbers, Gasfitters and Drain layers registration number (if applicable):

Mailing address (if different from below):

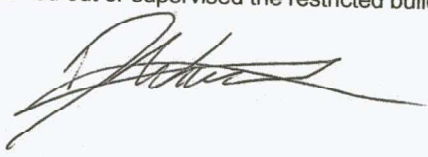
Street address / Registered office: UNIT 5/20 OWENS PLACE, MT MAUNGANUI

Suburb	Town / City: : MOUNT MAUNGANUI
PO Box / Private Bag:	Postcode: 3116
Phone Number: 07 574 7058	Mobile: 0275 992 934
After hours:	Fax: 07-574 7059
Email address: dave@roofingsystems.co.nz	Website: www.roofingsystems.co.nz

DECLARATION

I **David Washer** carried out or supervised the restricted building work recorded on this form.

Signature



Date: 08/10/14

