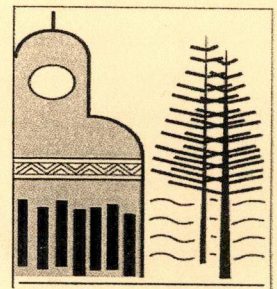


NAPIER CITY COUNCIL

080901 INSPECTION SHEET



DIRECT LINE TO BOOK INSPECTIONS Phone 835 1545


INSPECTORATE

OWNER Harrison BUILDER _____

DRAINLAYER R. Findlay PLUMBER Same

ADDRESS 236 Kennedy Rd

THE FOLLOWING MARKED BOXES ARE THE INSPECTIONS TO BE CALLED FOR:

		DATE	INSPECTOR
<input checked="" type="checkbox"/> SITE PRIOR TO WORK BEING STARTED			 CONS
<input type="checkbox"/> SITE CLEAR OF TOP SOIL			
<input checked="" type="checkbox"/> FND\ FOOTINGS GROUND BEAMS	OK	4/11/08	C. Buttery
<input type="checkbox"/> FOUNDATION (BLOCK OR POURED)			
<input type="checkbox"/> FOUNDATION\FLOOR			
<input checked="" type="checkbox"/> FLOOR SLAB	OK	13/11/08	J. Ward
<input checked="" type="checkbox"/> PILE HOLES <u>ARE UNDER BEAM SUPPORT</u>	OK	1/10/08	J. Ward
<input type="checkbox"/> SUB FLOOR (TIMBER)			
<input type="checkbox"/> SUB FLOOR (INSULATION)			
<input type="checkbox"/> SUB FLOOR - PLUMBING & DRAINAGE			
<input checked="" type="checkbox"/> PRE-WRAP			
<input checked="" type="checkbox"/> FRAME PRIOR TO INTERIOR LINING <u>300x90 BEAM IN R/T/DINE</u>	OK	1/10/08	J. Ward
<input checked="" type="checkbox"/> MOISTURE TEST			
<input checked="" type="checkbox"/> BRACING <u>Bottom Plate Fixing.</u>	OK	19/12/08	C. Buttery

PLEASE SEE OVER

- | | | | | |
|-------------------------------------|--|-----|----------|------------|
| <input checked="" type="checkbox"/> | INSULATION | | | |
| <input checked="" type="checkbox"/> | INTERIOR SHEET LININGS & SHEET BRACING | | | |
| <input checked="" type="checkbox"/> | CAVITY BATTENS | OK | 19/12/08 | C. Buttery |
| <input checked="" type="checkbox"/> | FLASHINGS PRIOR TO EXTERIOR COATING | OK | 12/1/09 | P. H. Dyer |
| <input type="checkbox"/> | FRAME PLUMBING & DRAINAGE | | | |
| <input type="checkbox"/> | COLUMNS | | | |
| <input type="checkbox"/> | WALL LINING (INCLUDING FIRE WALLS) | | | |
| <input type="checkbox"/> | BLOCK WALL | | | |
| <input type="checkbox"/> | TILT SLAB OR PRE-CAST | | | |
| <input type="checkbox"/> | SEWER | | | |
| <input type="checkbox"/> | STORMWATER | | | |
| <input type="checkbox"/> | WATER MAIN | | | |
| <input checked="" type="checkbox"/> | FINAL BUILD | | | |
| <input type="checkbox"/> | FINAL PLUMBING & DRAINAGE | | | |
| <input checked="" type="checkbox"/> | MOTOR CROSSING (Boxing) | 6SP | 21/11 | 08 |
| <input checked="" type="checkbox"/> | MOTOR CROSSING (Final) | | | |
| <input checked="" type="checkbox"/> | STREET DAMAGE | | | |
| <input checked="" type="checkbox"/> | ENERGY CERTIFICATE | | | |
| <input type="checkbox"/> | EXTRA INSPECTIONS | | | |
| <input type="checkbox"/> | MOISTURE RESULTS | | | |

FAILURE TO RETURN THIS INSPECTION SHEET WITH THE ATTACHED FORM MAY RESULT IN A DELAY IN ISSUING THE CODE COMPLIANCE CERTIFICATE.

MINIMUM 4 HOURS NOTICE REQUIRED FOR AN INSPECTION

FINAL INSPECTION SHEET

Date: 05/05/09 BC Number: 080901
 Address: 235 Kennedy Road Inspector: Mal

	Pass	Fail	Comments
KITCHEN			Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Traps in place	NA		<input type="checkbox"/> Sink <input type="checkbox"/> Waste disposal <input type="checkbox"/> Dishwasher <input type="checkbox"/> AAV
Seal in combination trap			<input type="checkbox"/> None <input type="checkbox"/> Sealed <input type="checkbox"/> Dishwasher installed
Tap backflow prevention			<input type="checkbox"/> Fixed spout <input type="checkbox"/> Fitted
Surface finishes			<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Bench sealed			<input type="checkbox"/> Bench surface <input type="checkbox"/> To wall
Rangehood vented to outside			<input type="checkbox"/> Soffit <input type="checkbox"/> Wall <input type="checkbox"/> Roof
LAUNDRY			Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Traps in place	NA		<input type="checkbox"/> Tub <input type="checkbox"/> Stand pipe <input type="checkbox"/> AAV
Washing machine waste in right place			<input type="checkbox"/> Tub <input type="checkbox"/> Super tub <input type="checkbox"/> Stand pipe
Tap backflow prevention			<input type="checkbox"/> Fixed spout <input type="checkbox"/> Fitted
Tub fixed in place			<input type="checkbox"/> Fixed
Surface finishes			<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Ventilation			<input type="checkbox"/> Window <input type="checkbox"/> Extract
Extract vented to outside			<input type="checkbox"/> Soffit <input type="checkbox"/> Wall <input type="checkbox"/> Roof
BATHROOM			Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Traps in place	NA		<input type="checkbox"/> Bath <input type="checkbox"/> Shower <input type="checkbox"/> Vanity <input type="checkbox"/> AAV
Shower above bath backflow prevention			<input type="checkbox"/> None <input type="checkbox"/> Fixed rose <input type="checkbox"/> Fitted
Hot water temperature at fittings *			Temperature (*C):
* Note: Hot water is not to exceed 45°C for early childhood centers, schools, old people's homes, institutions for people with psychiatric or physical disabilities, hospitals and 55°C for all other buildings as per clause 6.14.1 acceptable solution G12/AS1			
Flow rate at shower			<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
Surface finishes			<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Fixtures sealed			<input type="checkbox"/> Bath <input type="checkbox"/> Shower <input type="checkbox"/> Vanity
Ventilation			<input type="checkbox"/> Window <input type="checkbox"/> Extract
Safety glass			<input type="checkbox"/> Window <input type="checkbox"/> Shower screen
Extract vented to outside			<input type="checkbox"/> Soffit <input type="checkbox"/> Wall <input type="checkbox"/> Roof
TOILET			Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Pan / cistern secure	NA		<input type="checkbox"/> Pan <input type="checkbox"/> Cistern <input type="checkbox"/> In bathroom
Trap in place			<input type="checkbox"/> None <input type="checkbox"/> Basin <input type="checkbox"/> AAV

Surface finishes	NA	<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Fixtures sealed	↓	<input type="checkbox"/> None <input type="checkbox"/> Basin
Ventilation		<input type="checkbox"/> Window <input type="checkbox"/> Extract
Extract vented to outside	↓	<input type="checkbox"/> Soffit <input type="checkbox"/> Wall <input type="checkbox"/> Roof
BEDROOM 1		Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Finished	NA	<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Ventilation	↓	<input type="checkbox"/> Window
ENSUITE		Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Traps in place	NA	<input type="checkbox"/> Bath <input type="checkbox"/> Shower <input type="checkbox"/> Vanity <input type="checkbox"/> AAV
Pan / cistern secure	↓	<input type="checkbox"/> Pan <input type="checkbox"/> Cistern
Hot water temperature at fittings		Temperature (*C):
Flow rate at shower		<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
Surface finishes		<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Fixtures sealed		<input type="checkbox"/> Bath <input type="checkbox"/> Shower <input type="checkbox"/> Vanity
Ventilation		<input type="checkbox"/> Window <input type="checkbox"/> Extract
Safety glass		<input type="checkbox"/> Window <input type="checkbox"/> Shower screen
Extract vented to outside	↓	<input type="checkbox"/> Soffit <input type="checkbox"/> Wall <input type="checkbox"/> Roof
BEDROOM 2		Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Finished	NA	<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Ventilation	↓	<input type="checkbox"/> Window
BEDROOM 3		Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Finished	NA	<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Ventilation	↓	<input type="checkbox"/> Window
BEDROOM 4		Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Finished	NA	<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Ventilation	↓	<input type="checkbox"/> Window
STUDY / OFFICE		Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Finished	NA	<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Ventilation	↓	<input type="checkbox"/> Window
LOUNGE		Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Finished	NA	<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Ventilation	↓	<input type="checkbox"/> Window
DINING / FAMILY KITCHEN		Note: If not part of this BC tick here <input type="checkbox"/>
Finished	✓	<input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Walls <input checked="" type="checkbox"/> Ceiling
Ventilation	✓	<input checked="" type="checkbox"/> Window
HOT WATER UNIT		Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Type of hot water system	NA	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Existing

Tempering valve required	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Existing
Tempering valve in right place		Location:	<input type="checkbox"/> Not installed in vent
Restraints on cylinder secure		Number of straps:	<input type="checkbox"/> Existing
Size		Litres:	<input type="checkbox"/> Existing
HIGH / MEDIUM PRESSURE		Note: If not part of this BC tick here <input checked="" type="checkbox"/>	
2 x stop valves	NA	<input type="checkbox"/> Adjacent HWU	
Limiting valve / pressure reducing valve		<input type="checkbox"/> Adjacent HWU <input type="checkbox"/> Toby box <input type="checkbox"/> Garage wall	
Filter		<input type="checkbox"/> Adjacent HWU <input type="checkbox"/> Toby box <input type="checkbox"/> Garage wall	
Cold water expansion valve		<input type="checkbox"/> Adjacent HWU	
T.P.R. valve		<input type="checkbox"/> Adjacent HWU	
Drain		<input type="checkbox"/> Fitted <input type="checkbox"/> Tundish	
Thermal cut off		<input type="checkbox"/> Factory fitted	
LOW PRESSURE		Note: If not part of this BC tick here <input checked="" type="checkbox"/>	
2 x stop valves	NA	<input type="checkbox"/> Adjacent HWU <input type="checkbox"/> Under floor	
Pressure reducing valve		<input type="checkbox"/> Adjacent HWU <input type="checkbox"/> Under floor	
Filter		<input type="checkbox"/> Adjacent HWU <input type="checkbox"/> Under floor <input type="checkbox"/> Toby box	
Cold water expansion valve		<input type="checkbox"/> Adjacent HWU <input type="checkbox"/> Under floor	
Drain		<input type="checkbox"/> Fitted <input type="checkbox"/> Tundish	
Thermal cut off		<input type="checkbox"/> Factory fitted	
HEATER		Note: If not part of this BC tick here <input checked="" type="checkbox"/>	
Restrained	NA	<input type="checkbox"/> Fixings in place	
Clearances / hearth		<input type="checkbox"/> As per manufacturers specifications	
Flue		<input type="checkbox"/> Shield <input type="checkbox"/> Height	
Rating		<input type="checkbox"/> Urban <input type="checkbox"/> Rural	
Wet back pipes rising		<input type="checkbox"/> Flow <input type="checkbox"/> Return	
Hot water vent		<input type="checkbox"/> Open vent <input type="checkbox"/> Insulated	
SAFETY FROM FALLING		Note: If not part of this BC tick here <input checked="" type="checkbox"/>	
Stairs	NA	<input type="checkbox"/> Handrail <input type="checkbox"/> Riser gap <input type="checkbox"/> Slip resistance	
Balustrade		<input type="checkbox"/> Height <input type="checkbox"/> Gaps <input type="checkbox"/> Toeholds <input type="checkbox"/> Rigidity	
Windows		<input type="checkbox"/> Height <input type="checkbox"/> Restrictors	
INSULATION		Note: If not part of this BC tick here <input checked="" type="checkbox"/>	
Ceiling	NA	<input type="checkbox"/> In place <input type="checkbox"/> Light clearances	
OUTSIDE		Note: If not part of this BC tick here <input type="checkbox"/>	
Floor / ground level	<input checked="" type="checkbox"/>	<input type="checkbox"/> Existing <input checked="" type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved	
Paving falling right way	<input checked="" type="checkbox"/>	<input type="checkbox"/> Existing <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not complete at inspection	
Landscaping / neighbours protected	<input checked="" type="checkbox"/>	<input type="checkbox"/> Existing <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not complete at inspection	
Pile foundations ties on finished	NA	<input checked="" type="checkbox"/> Concrete floor <input type="checkbox"/> Anchor <input type="checkbox"/> Ordinary	

No floor joists cut out	NA	<input checked="" type="checkbox"/> Concrete floor <input type="checkbox"/> Joists OK
Flashings	✓	<input type="checkbox"/> Existing <input checked="" type="checkbox"/> Roof <input type="checkbox"/> Walls <input checked="" type="checkbox"/> Windows
Windows	✓	<input type="checkbox"/> Existing <input type="checkbox"/> Size <input checked="" type="checkbox"/> Location <input type="checkbox"/> Double glazed
Weep holes in brick veneer	NA	<input checked="" type="checkbox"/> None <input type="checkbox"/> Bottom <input type="checkbox"/> Top
Paint finish on exterior	✓	<input type="checkbox"/> Existing <input checked="" type="checkbox"/> Complete
Sealed decking to fall away	NA	<input checked="" type="checkbox"/> None <input type="checkbox"/> OK
Deck barriers	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Height <input type="checkbox"/> Gaps <input type="checkbox"/> Toeholds <input type="checkbox"/> Rigidity
Swimming / spa pools	↓	<input type="checkbox"/> Fence <input type="checkbox"/> Gate / door <input type="checkbox"/> Backflow <input type="checkbox"/> Waste
Waste pipes supported	↓	<input type="checkbox"/> Concrete floor <input type="checkbox"/> Strapped <input type="checkbox"/> Trayed
Gully surround height / sealed / wastes	↓	<input type="checkbox"/> Existing <input type="checkbox"/> Height <input type="checkbox"/> Sealed <input type="checkbox"/> Wastes sealed
Relief gully fitted	↓	<input type="checkbox"/> Existing <input type="checkbox"/> 150mm below lowest fixture
Sewer drain ventilation	↓	<input type="checkbox"/> Existing <input type="checkbox"/> As per drain plan <input type="checkbox"/> Termination
Spouting on & overflows fitted	✓	<input type="checkbox"/> Existing <input checked="" type="checkbox"/> Spouting <input type="checkbox"/> Overflows
Downpipes fitted & going into drain	✓	<input type="checkbox"/> Existing <input checked="" type="checkbox"/> As per drain plan
Sumps in driveway right type	NA	<input checked="" type="checkbox"/> None <input type="checkbox"/> K&C <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
Stormwater behind walls	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> To S/W via sump
Pumped stormwater	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Capacity <input type="checkbox"/> High level alarm
Shallow drains protected	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Protected
Hot water vent through roof / insulation	↓	<input type="checkbox"/> Existing <input type="checkbox"/> Valve vented <input type="checkbox"/> Mains pressure
Backflow prevention to irrigation	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Fitted
GENERAL		Note: If not part of this BC tick here <input type="checkbox"/>
Smoke alarms	✓	Number: 2 <input type="checkbox"/> Producer statement req'd
Engineer producer statement	NA	<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required
EIFS exterior cladding producer statement	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required
Heater producer statement	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required
Electrical certificate	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required
Gas certificate	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required
Wetseal certificate	↓	<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required
NCC inspection card	✓	<input checked="" type="checkbox"/> Provided <input type="checkbox"/> Required <input type="checkbox"/> Final only
Changes to approved plans	✓	<input checked="" type="checkbox"/> As per plans <input type="checkbox"/> Amended plans req'd

GENERAL COMMENTS

Note: Plans amended on site & signed/dated by owner.

A PASS MEANS: Compliance with the **APPROVED** Plans and Specifications.

INSPECTION SHEET

PRE EXTERIOR CLADDINGDate: 15.1.09 BC Number: 080901 (Front Garage)Address: 236 Kennedy Road. Inspector: P.M. Haller

	Pass	Fail	Comments
Fibre Cement Sheet			
Building paper / wrap fitted			
Cavity System			
Sheets fixed as per manufacturers recommendations			<u>Not This Inspection</u>
Sheets used for bracing (s/s)			
Flashings as per plan			<u>All ok around windows/doors</u>
Solid Plaster			
Building paper / wrap fitted			
Vermin strip and H 3 cavity battens			<u>All Okay.</u>
Cavity battens at correct centres			
Flashings to suit cavity			<u>All in place.</u>
Control joints as per plan			
Rigid backing to plaster			
Non rigid backing to plaster			
Studs at 400¢ for non rigid system			<u>400 ¢ Studs.</u>
Additional reinforcing across corners of windows			<u>Diagonal Strips across window Cnr's</u>
Saddle flashings to parapet			
Profiled Metal			
Building paper / wrap fitted			<u>(Inspection No Card on Site)</u>
Profile horizontal / vertical			
Cavity system			
Sheets fixed as per manufacturers recommendations			
Flashings as per plan			
Compatible materials			
EIFS			
Building wrap fitted			
Cavity systems			
Sheets fixed as per manufacturers recommendations			
Control joints as per plan			







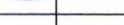





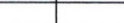




H.3 1 treated block for fixing eg. Downpipes, taps, lights etc			
Flashing system as per manufacturers recommendations			
Timber weather board			
Bevel back weatherboard			
Rusticated weatherboard			
Shiplap weatherboard			
Board and batten			
Cavity system			
Head and sill flashings			
Scribers			
Brick and Veneer			
40mm cavity			
50mm min rebate in foundation for veneer			
Moisture proofing to foundation			
Weep holes at 800c max			
Vent space at top of wall			

A PASS MEANS: Compliance with the **APPROVED** Plans and Specifications.

INSPECTION SHEET

PRE EXTERIOR CLADDINGDate: 19/12/08 BC Number: 080901Address: 236 Kennedy Rd Inspector: Clive Buttery

	Pass	Fail	Comments
Fibre Cement Sheet			
Building paper / wrap fitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	} not inspected.
Cavity System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sheets fixed as per manufacturers recommendations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sheets used for bracing (s/s) fixings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flashings as per plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Solid Plaster			
Building paper / wrap fitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	} not inspected.
Vermin strip and H 3 cavity battens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cavity battens at correct centres	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flashings to suit cavity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head flashing only.
Control joints as per plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	} not inspected.
Rigid backing to plaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non rigid backing to plaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Studs at 400¢ for non rigid system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional reinforcing across corners of windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Saddle flashings to parapet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Profiled Metal			
Building paper / wrap fitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	} not inspected.
Profile horizontal / vertical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cavity system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sheets fixed as per manufacturers recommendations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flashings as per plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Compatible materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	} not inspected.
EIFS			
Building wrap fitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cavity systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sheets fixed as per manufacturers recommendations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	} not inspected.
Control joints as per plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

H.3 1 treated block for fixing eg. Downpipes, taps, lights etc			
Flashing system as per manufacturers recommendations			
Timber weather board			
Bevel back weatherboard			
Rusticated weatherboard			
Shiplap weatherboard			
Board and batten			
Cavity system			
Head and sill flashings			
Scribers			
Brick and Veneer			
40mm cavity			
50mm min rebate in foundation for veneer			
Moisture proofing to foundation			
Weep holes at 800c max			
Vent space at top of wall			
			

not inspected.

A PASS MEANS: Compliance with the **APPROVED** Plans and Specifications.

INSPECTION SHEET

FOUNDATIONS\FLOOR SLABDate: 12/11/06 BC Number: 03/0901Address: 236 KENNEDY R Inspector: [Signature]GARAGE AT FRONT OF HOUSE

	Pass	Fail	Comments
Piles			
Condition on Consent			
Soil bearing test required (suspected fill)			
Driven piles as per plan			
Ordinary piles as per plan			
Anchor piles as per plan			
Braced piles / poles as per plan			
Ground Beam / Foundations			
Excavation free of debris			
Size of GR Beam as per plan			
Reinforcing size, type, spacing as per plan			
Cover to reinforcing			
Floor Slab			
Polythene - taped - no holes	✓		MOISTOP 150 (GREY SIDE UP)
Mesh tied - lapped	✓		665 MESH
Mesh supported	✓		PLASTIC CHAIRS BUILT UP TO FIT
Top Cover	✓		MORE CHAIRS
Supplimentary bars			

A PASS MEANS: Compliance with the **APPROVED** Plans and Specifications.

INSPECTION SHEET

FOUNDATIONS\FLOOR SLABDate: 7/11/08. BC Number: 080901Address: 236 Kennedy Rd Inspector: Clive Buttery

	Pass	Fail	Comments
Piles			
Condition on Consent			
Soil bearing test required (suspected fill)			
Driven piles as per plan	—		} not inspected
Ordinary piles as per plan	—		
Anchor piles as per plan	—		
Braced piles / poles as per plan	—		
Ground Beam / Foundations			
Excavation free of debris	✓		
Size of GR Beam as per plan	✓		Measured as per plan.
Reinforcing size, type, spacing as per plan	✓		
Cover to reinforcing	✓		clearance under neath. OK
			supported on reo pegs.
Floor Slab			Starters chem set to existing footing.
Polythene – taped – no holes	—		} not inspected
Mesh tied - lapped	—		
Mesh supported	—		
Top Cover	—		
Supplimentary bars	—		

A PASS MEANS: Compliance with the **APPROVED** Plans and Specifications.

Address: 236 KENNEDY RD Inspector: [Signature]

A PASS MEANS: Compliance with the **APPROVED** Plans and Specifications.