

NAPIER CITY COUNCIL

INSPECTION SHEET

081098

CITY OF
NAPIER



DIRECT LINE TO BOOK INSPECTIONS Phone 835 1545



CONS

OWNER: Harrison BUILDER: _____

DRAINLAYER: DEAN SINGLE/WILLIE PAI PLUMBER: SAFE

ADDRESS: 236 Kennedy Road

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

TPBCP Forms				DATE	INSPECTOR
	<input type="checkbox"/>	SITE PRIOR TO WORK BEING STARTED			
●	<input type="checkbox"/>	SITE CLEAR OF TOP SOIL			
	<input checked="" type="checkbox"/>	FOUNDATION/ FOOTINGS GROUND BEAMS <i>For Second Dwelling</i>	OK	20/1/09	P. M. [Signature]
40F146	<input type="checkbox"/>	FOUNDATION (BLOCK OR POURED)			
40F146	<input checked="" type="checkbox"/>	FOUNDATION/FLOOR <i>GARAGE AT Back of house</i>	OK	9/1/09	P. M. [Signature]
40F146	<input checked="" type="checkbox"/>	FLOOR SLAB <i>Secondary Dwelling</i>	OK	23/1/09	P. M. [Signature] X
40F146	<input type="checkbox"/>	PILE HOLES			
40F147	<input type="checkbox"/>	SUB FLOOR (TIMBER)			
●	<input type="checkbox"/>	SUB FLOOR (INSULATION)			
40F151	<input checked="" type="checkbox"/>	SUB FLOOR (PLUMBING & DRAINAGE)	OK	23/1/09	P. M. [Signature]
40F157	<input checked="" type="checkbox"/>	PRE- WRAP (All fixings)	OK	23/2/09	C. Buttery
40F150	<input type="checkbox"/>	CAVITY BATTENS			
40F150	<input checked="" type="checkbox"/>	FLASHINGS PRIOR TO EXTERIOR COATING	OK	24/2/09	C. Buttery
40F149	<input checked="" type="checkbox"/>	MOISTURE TEST (Result <u>16%</u>)	OK	24/2/09	C. Buttery
40F149	<input checked="" type="checkbox"/>	INSULATION <i>walls only</i>	OK	24/2/09	C. Buttery
Please see over					

5 May 2009

BC081098

BROOK HARRISON
236 KENNEDY RD
NAPIER 4110

DATE OF INSPECTION: 1st MAY 2009

A Final Inspection was recently carried out at **236 Kennedy Road.**

The Inspection revealed the following faults:-

1. Please cap both ends of new, unused water supply pipe (starts at bubble sump). ✓ Done 05/05/09 M&E
2. Seal kitchen bench top to wall. ✓ Done 05/05/09 M&E
3. Seal external HWC pipes through wall. ✓ Done 05/05/09 M&E
4. Seal external power boxes, aircon box and tap through wall. ✓ Done 05/05/09 M&E
5. Fit smoke alarm within 3m of main exit. ✓ Done 05/05/09 M&E

When these items have been attended to please phone 835 1545 and book another inspection.

Yours faithfully,

M. AITKEN
BUILDING CONSENTS OFFICER



Address: 236 Kennedy RD Inspector: P. M. Hellyer

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

FINAL INSPECTION SHEET

Date:

01-05-09

BC Number:

081098

Address:

236 KENNEDY ROAD

Inspector:

A. AITKEN

SUPPLEMENTARY UNIT

	Pass	Fail	Comments
KITCHEN			Note: If not part of this BC tick here <input type="checkbox"/>
Traps in place	✓		<input checked="" type="checkbox"/> Sink <input type="checkbox"/> Waste disposal <input checked="" type="checkbox"/> Dishwasher <input checked="" type="checkbox"/> AAV
Seal in combination trap	N/A		<input type="checkbox"/> None <input type="checkbox"/> Sealed <input checked="" type="checkbox"/> Dishwasher installed
Tap backflow prevention	N/A		<input checked="" type="checkbox"/> Fixed spout <input type="checkbox"/> Fitted
Surface finishes	✓		<input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Walls <input checked="" type="checkbox"/> Ceiling
Bench sealed		X	<input checked="" type="checkbox"/> Bench surface <input checked="" type="checkbox"/> To wall
Rangehood vented to outside	✓		<input type="checkbox"/> Soffit <input type="checkbox"/> Wall <input type="checkbox"/> Roof <i>NONE FITTED / WINDOW</i>
LAUNDRY <i>IN BATHROOM</i>			Note: If not part of this BC tick here <input type="checkbox"/>
Traps in place	✓		<input type="checkbox"/> Tub <input checked="" type="checkbox"/> Stand pipe <input type="checkbox"/> AAV
Washing machine waste in right place	N/A		<input type="checkbox"/> Tub <input type="checkbox"/> Super tub <input checked="" type="checkbox"/> Stand pipe
Tap backflow prevention	N/A		<input checked="" type="checkbox"/> Fixed spout <input type="checkbox"/> Fitted
Tub fixed in place	N/A		<input type="checkbox"/> Fixed <i>NONE</i>
Surface finishes	✓		<input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Walls <input checked="" type="checkbox"/> Ceiling
Ventilation	✓		<input checked="" type="checkbox"/> Window <input checked="" type="checkbox"/> Extract
Extract vented to outside	✓		<input checked="" type="checkbox"/> Soffit <input type="checkbox"/> Wall <input type="checkbox"/> Roof
BATHROOM			Note: If not part of this BC tick here <input type="checkbox"/>
Traps in place	✓		<input checked="" type="checkbox"/> Bath <input checked="" type="checkbox"/> Shower <input checked="" type="checkbox"/> Vanity <input type="checkbox"/> AAV
Shower above bath backflow prevention	N/A		<input checked="" type="checkbox"/> None <input type="checkbox"/> Fixed rose <input type="checkbox"/> Fitted
Hot water temperature at fittings *	✓		Temperature (*C): <i>53.9°</i>
* 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 checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
Surface finishes	✓		<input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Walls <input checked="" type="checkbox"/> Ceiling
Fixtures sealed	✓		<input type="checkbox"/> Bath <input checked="" type="checkbox"/> Shower <input checked="" type="checkbox"/> Vanity <i>VINYL FLOOR SHOWER</i>
Ventilation	✓		<input checked="" type="checkbox"/> Window <input checked="" type="checkbox"/> Extract
Safety glass	✓		<input checked="" type="checkbox"/> Window <input checked="" type="checkbox"/> Shower screen
Extract vented to outside	✓		<input checked="" type="checkbox"/> Soffit <input type="checkbox"/> Wall <input type="checkbox"/> Roof
TOILET			Note: If not part of this BC tick here <input type="checkbox"/>
Pan / cistern secure	✓		<input checked="" type="checkbox"/> Pan <input checked="" type="checkbox"/> Cistern <input checked="" type="checkbox"/> In bathroom
Trap in place	N/A		<input checked="" type="checkbox"/> None <input type="checkbox"/> Basin <input type="checkbox"/> AAV

Surface finishes	N/A	<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 type="checkbox"/>
Finished	↓	<input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Walls <input checked="" type="checkbox"/> Ceiling
Ventilation	↓	<input checked="" type="checkbox"/> Window
ENSUITE	N/A	Note: If not part of this BC tick here <input checked="" type="checkbox"/>
Traps in place	↓	<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	↓	<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	↓	<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	↓	<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	↓	<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	↓	<input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling
Ventilation	↓	<input type="checkbox"/> Window
DINING / FAMILY	↓	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 type="checkbox"/>
Type of hot water system	↓	<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Existing

INSTANTANEOUS
AND

Tempering valve required	N/A	<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		<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		<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		<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		<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		<input checked="" type="checkbox"/> In place <input type="checkbox"/> Light clearances <i>PINK BARS</i>	
OUTSIDE		Note: If not part of this BC tick here <input type="checkbox"/>	
Floor / ground level		<input type="checkbox"/> Existing <input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved	
Paving falling right way		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not complete at inspection	
Landscaping / neighbours protected		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not complete at inspection	
Pile foundations ties on finished	N/A	<input checked="" type="checkbox"/> Concrete floor <input type="checkbox"/> Anchor <input type="checkbox"/> Ordinary	

No floor joists cut out	N/A		<input checked="" type="checkbox"/> Concrete floor <input type="checkbox"/> Joists OK
Flashings	/		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Walls <input checked="" type="checkbox"/> Windows
Windows	/		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> Size <input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Double glazed
Weep holes in brick veneer	N/A		<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	/		<input type="checkbox"/> None <input checked="" type="checkbox"/> OK
Deck barriers	N/A		<input checked="" type="checkbox"/> None <input type="checkbox"/> Height <input type="checkbox"/> Gaps <input type="checkbox"/> Toeholds <input type="checkbox"/> Rigidity
Swimming / spa pools	N/A		<input type="checkbox"/> Fence <input type="checkbox"/> Gate / door <input type="checkbox"/> Backflow <input type="checkbox"/> Waste <i>NONE</i>
Waste pipes supported	N/A		<input checked="" type="checkbox"/> Concrete floor <input type="checkbox"/> Strapped <input type="checkbox"/> Trayed
Gully surround height / sealed / wastes	/		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> Height <input checked="" type="checkbox"/> Sealed <input checked="" type="checkbox"/> Wastes sealed
Relief gully fitted	/		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> 150mm below lowest fixture
Sewer drain ventilation	/		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> As per drain plan <input checked="" 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	/		<input type="checkbox"/> None <input type="checkbox"/> K&C <input type="checkbox"/> Type 1 <input checked="" type="checkbox"/> Type 2
Stormwater behind walls	N/A		<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 <i>INSAN</i>
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 <i>3A OF Main Exit VENT</i>		X	Number: <i>1</i> <input type="checkbox"/> Producer statement req'd
Engineer producer statement	N/A		<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required
EIFS exterior cladding producer statement	N/A		<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required <i>WEATHERBOARD</i>
Heater producer statement	N/A		<input checked="" type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required
Electrical certificate	/		<input type="checkbox"/> None <input checked="" type="checkbox"/> Provided <input type="checkbox"/> Required
Gas certificate	/		<input type="checkbox"/> None <input checked="" type="checkbox"/> Provided <input type="checkbox"/> Required
Wetseal certificate	N/A		<input type="checkbox"/> None <input type="checkbox"/> Provided <input type="checkbox"/> Required <i>VINYL</i>
NCC inspection card	/		<input checked="" type="checkbox"/> Provided <input type="checkbox"/> Required <input type="checkbox"/> Final only
Changes to approved plans <i>TO KIRKMAN</i>	/	X	<input checked="" type="checkbox"/> As per plans <input checked="" type="checkbox"/> Amended plans req'd

10/2 04.05.09

GENERAL COMMENTS

SEE LETTER.

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

Electrical Certificate of Compliance

for prescribed electrical work that is carried out on electrical installations and involves the placing or positioning or the replacing or repositioning of conductors (including fittings attached to those conductors).

To be completed whether or not an Inspection is required.

No. 2890261

No. of attachments

CUSTOMER INFORMATION - PLEASE PRINT CLEARLY

Name of customer

BOYCE HARRISON

Phone:

Address of installation

236B Kennedy Rd, Napier.

Postal address of customer (if not as above)

WORK DETAILS

16

No. of lighting outlets

1

No. of ranges

HOBBS

15

No. of socket outlets

GAS

No. of water heaters

Please tick (✓) as appropriate where work includes:

✓

Mains

✓

Main earthing system

Was any installation work carried out by the homeowner?

Yes

✓

No

✓

Switchboard

✓

Electric lines

Description

"New House"

It is recommended that test results be recorded here:

Visual Examination

✓

Earth Continuity

✓

Bonding

✓

Polarity

✓

Insulation Resistance _____ Mohm

Other

Main lead ϕ -N-E 999M Ω

If necessary attach any pages with sketches of work done

Loop test results 228V, 1 Ω 1.6mA.

CERTIFICATION OF WORK

I certify that the above electrical work has been carried out in accordance with the requirements of the Electricity Act 1992 and Electricity Regulations 1997.

ELECTRICAL WORKER DETAILS

Name

Hayden Greville

Registration no.

E246135

Company

A1 Electrical Services

Signature

Date

1-4-09

Contact Ph No.

027-2936849.

CERTIFICATION OF ELECTRIC LINES

(to be completed where a separate electrical worker has installed the electric line portion of the mains)

Name

Registration no.

Company

Signature

Date

Contact Ph No.

INSPECTION DETAILS

 Electrical work requiring inspection by a registered electrical inspector

✓

New mains

✓

Switchboard

✓

Earthing system

✓

Installation work in hazardous areas

I certify that the inspection has been carried out in accordance with the requirements of regulation 41 of the Electricity Regulations 1997.

Name

J. BECH

Registration no.

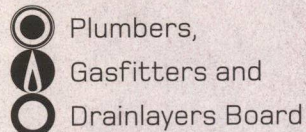
I1255

Signature

Date

3-4-09

Daytime Contact Ph No.



PLUMBERS, GASFITTERS AND DRAINLAYERS BOARD
GASFITTING CERTIFICATION CERTIFICATE
(Pursuant to the Gas Act 1992 and the Gas Regulations 1993 and amendments)
ENERGY WORK CERTIFICATE
(Pursuant to the Building Act 1991)

Certificate No **496571**

9th Floor, 70 The Terrace
PO Box 10655
WELLINGTON
Tel 04 494 2970
Fax 04 494 2975
website www.pgdb.co.nz

THIS CERTIFICATE IS NOT TRANSFERABLE

Installation address:

Please complete in block letters

(Box No's not acceptable)

(Number)

236A

(Street name)

Kennedy Road.

(Suburb)

Napier

(Town/City)

Consumer:

(Title)

MR

(Initials)

B

(Family/Business name)

Harrison**DESCRIPTION OF GASFITTING TO WHICH THIS CERTIFICATE APPLIES**

Appliance

Flue

Ventilation

Qty	Type	Location	Make/model	Input rate	Type	Location	Type	Location
1	Water Heater	outside. West wall.	What water crisis GWC 16L	115 MJ/hr	Natural Convection.		Complies	

Category

Type (Regulation 24(1))

- ☒ Domestic
☐ Commercial
☐ Industrial
☐ Temporary
☐ Other

- ☒ New
☐ Addition, ☐ Extension,
☐ Replacement
☐ Alteration
☐ Repair following accident

Gas Type

- ☐ NG ☒ LPG ☐ TLP ☐ Bio

Name of Gas Supplier

Boc Gases Napier

Pipework Installed

- ☒ YES ☐ NO

(attach pipework diagram)

Test Results**Other Testing****10**

min Duration

Combustion

3kPa

kPa Test pressure

- ☐ Yes ☒ No

0

kPa Loss / gain

Ventilation

2.75

kPa Working pressure

- ☐ Yes ☒ No

Test Date

30 / 04 / 09

I certify that :-

- ① All appliances and fittings worked on by me or by persons working under my supervision are safe and that all work carried out was in accordance with all applicable requirements of the Gas Act 1992 and Gas Regulations 1993 as amended.
② The gasfitting to which this certificate applies does not make other parts of the installation unsafe or otherwise non-compliant with the Gas Act 1992 and Gas Regulations 1993 as amended.
③ Gasfitting work to which this certificate applies
☐ does ☒ does not include work on an appliance or fitting imported or manufactured by a person for their own use.

Certifiers Name

Don Sigle

Address

1/80 Ford Rd**Onetangi****Napier**

Registration No

12746

Signature

[Signature]

Date

30 / 04 / 09

Registered Gasfitter/s Supervised by certifier

Name

Registration No

Name

Registration No

Certificate owner

Registration No

On behalf of

Address

(If other than certifying gasfitter)

[illegible]

Version 2

INSPECTION SHEET

PRE LINEDate: 24/2/09 BC Number: 081098Address: 236 Kennedy Rd. Inspector: Clive Buttery

	Pass	Fail	Comments
Bracing			
Bottom plate fixing	✓		
Nailing off of sheets	—		
Bracing as per plan	✓		
Walls			
Moisture content (average) *	✓		14%
* Note: Moisture content is not to be greater than 19° as per NZS 3602:2003			
Lintel size and fixings	✓		
Insulation			
Walls	✓		
Ceiling	—		Not installed.
Roof			
Bracing	—		hip.
Truss / fixing	✓		
Purlins / fixing	✓		3 rails.
Windows			
Building wrap	✓		
Jamb seals	✓		
Roofings ok to line			
Walls	✓		
Ceiling	✓		
Fire Wall			
Bottom plate / stud fixing	—		
Penetrations	—		
Stopping	—		

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

INSPECTION SHEET

PLUMBING PRE LINE

Date: 23/02/09 BC Number: 081098
 Address: 236 Kennedy Road Inspector: Mae
 Plumber: Willie Pei & Deno

	Pass	Fail	Comments
Water			Note: If not part of this inspection tick here <input type="checkbox"/>
Pipe work material hot	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> PB <input type="checkbox"/> PEX <input type="checkbox"/> PPR <input type="checkbox"/> Cu <input type="checkbox"/> Other
Pipe work material cold	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> PB <input type="checkbox"/> PEX <input type="checkbox"/> PPR <input type="checkbox"/> Cu <input type="checkbox"/> Other
Hot water pipe to kitchen length	<u>NA</u>		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> As per plans <u>Instantaneous gas HWU</u>
HWU drain	<input checked="" type="checkbox"/>		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> None <input type="checkbox"/> Inspected subfloor <input type="checkbox"/> Cu
Pipes clipped	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Walls <input checked="" type="checkbox"/> Ceiling
Test pressure *	<input checked="" type="checkbox"/>		Pressure: <u>210 PSI</u>
* Note: The water supply system shall be tested to a pressure of 1500kpa for a period of not less than 15 minutes as per clause 7.5.1 G12/AS1			
Soil Stacks / Wastes			Note: If not part of this inspection tick here <input type="checkbox"/>
Complies with approved plans	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> As per plans <input type="checkbox"/> Amended plans req'd <input type="checkbox"/> Deviation req'd
TV / backvents fitted	<input checked="" type="checkbox"/>		<input type="checkbox"/> None <input type="checkbox"/> TV <input type="checkbox"/> DV <input type="checkbox"/> SV <input checked="" type="checkbox"/> BV <u>Kitchen sink requires ABV</u>
Pipe sizes / gradients	<u>NA</u>		<input type="checkbox"/> 40mm @ 1:40 <input type="checkbox"/> 65mm @ 1:40 <input type="checkbox"/> 100mm @ 1:60
Connection zones / soffits	<input checked="" type="checkbox"/>		<input type="checkbox"/> None <input type="checkbox"/> Stack base <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Soffits
FWG charged / depth / size	<input checked="" type="checkbox"/>		<input type="checkbox"/> None <input type="checkbox"/> Charged <input type="checkbox"/> Depth <input type="checkbox"/> Size
Stack under test	<input checked="" type="checkbox"/>		<input type="checkbox"/> None <input type="checkbox"/> Water <input type="checkbox"/> Smoke <input type="checkbox"/> Air
Pipes clipped	<input checked="" type="checkbox"/>		<input type="checkbox"/> None <input type="checkbox"/> Clipped
Stormwater			Note: If not part of this inspection tick here <input checked="" type="checkbox"/>
Enclosed decks	<u>NA</u>		<input type="checkbox"/> None
Down pipes	<input checked="" type="checkbox"/>		<input type="checkbox"/> Size <input type="checkbox"/> Number
Overflows	<input checked="" type="checkbox"/>		<input type="checkbox"/> Size <input type="checkbox"/> Number

GENERAL COMMENTS

Note: Kitchen sink repositioned to island bench. Kitchen sink requires ABV.

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

INSPECTION SHEET

DRAINAGE

Date: 2/2/09 BC Number: 081098
 Address: 236 Kennedy Rd Inspector: S. Anderson
 Drainlayer: Dean Single

	Pass	Fail	Comments
Sewer			Note: If not part of this inspection tick here <input type="checkbox"/>
Layout complies with plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> G13 <input type="checkbox"/> AS3500
Pipe sizes / gradients	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 100mm @ 1:120 <input type="checkbox"/> 65mm @ 1:40 <input type="checkbox"/> 100mm @ 1:60
Granular bedding	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Pea metal
Inspection points	<input checked="" type="checkbox"/>		<input type="checkbox"/> Not required <input checked="" type="checkbox"/> Provided
Drain vented	<input checked="" type="checkbox"/>		<input type="checkbox"/> None <input checked="" type="checkbox"/> TV <input type="checkbox"/> DV <input type="checkbox"/> BV
Drain under test	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Water <input type="checkbox"/> Smoke <input type="checkbox"/> Air
Connection to approved outlet	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Existing <input type="checkbox"/> Mains <input type="checkbox"/> Septic tank
As-built plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Plotted
Connection zones / soffits	<u>N/A</u>		<input checked="" type="checkbox"/> G13 <input type="checkbox"/> Stack base <input type="checkbox"/> Soffits
Septic tank type and siting	<u>N/A</u>		<input checked="" type="checkbox"/> Reticulated <input type="checkbox"/> Siting as per plans / HBRC approval
Stormwater			Note: If not part of this inspection tick here <input type="checkbox"/>
Layout complies with plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> DP numbers / positions <input checked="" type="checkbox"/> Sump numbers / positions
Pipe sizes / gradients	<input checked="" type="checkbox"/>		<input type="checkbox"/> 90mm <input checked="" type="checkbox"/> 100mm <input checked="" type="checkbox"/> 150mm <input checked="" type="checkbox"/> Gradients
Granular bedding	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Pea metal
Inspection points	<input checked="" type="checkbox"/>		<input type="checkbox"/> Not required <input checked="" type="checkbox"/> Provided
Connection to approved outlet	<input checked="" type="checkbox"/>		<input type="checkbox"/> Existing <input checked="" type="checkbox"/> K&C <input type="checkbox"/> Mains <input type="checkbox"/> Open drain <input type="checkbox"/> Soak pit <input type="checkbox"/> RWT
As-built plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Plotted
Sub soil drains	<u>N/A</u>		<input checked="" type="checkbox"/> None <input type="checkbox"/> As per plans <input type="checkbox"/> To S/W via sump
Storage for pumped system	<u>N/A</u>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Sized as per plans <input type="checkbox"/> High level alarm
Soak pit filter cloth	<u>N/A</u>		<input checked="" type="checkbox"/> None <input type="checkbox"/> In place
Supply tank overflow	<u>N/A</u>		<input checked="" type="checkbox"/> None <input type="checkbox"/> In place <input type="checkbox"/> Discharge point
Water			Note: If not part of this inspection tick here <input checked="" type="checkbox"/>
Layout complies with plan	<input checked="" type="checkbox"/>		<input type="checkbox"/> Toby positions
Pipe sizes correct			<input type="checkbox"/> 15mm <input type="checkbox"/> 20mm <input type="checkbox"/> 25mm <input type="checkbox"/> Other
Granular bedding			<input type="checkbox"/> Pea metal
As-built plan			<input type="checkbox"/> Plotted

GENERAL COMMENTS

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

INSPECTION SHEET

SUB FLOOR PLUMBING AND DRAINAGE

Date: 23/1/09 BC Number: 081098
 Address: 236 KENNEDY RD Inspector: R JAWIS
 Plumber: W PAI

	Pass	Fail	Comments
Wastes / Water			
Layout complies with plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> G13 <input type="checkbox"/> AS3500
Pipe sizes / gradients	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 40mm @ 1:40 <input type="checkbox"/> 65mm @ 1:40 <input type="checkbox"/> 100mm @ 1:60
Granular Bedding	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Pea metal
Pipes protected from slab	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Sleeved
Access for blockages	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Not required <input type="checkbox"/> Provided
Subfloor drains under test	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> G13 <input type="checkbox"/> Water <input type="checkbox"/> Smoke <input type="checkbox"/> Air
Subfloor water under test *	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> None Material: Pressure:
* Note: The water supply system shall be tested to a pressure of 1500kpa for a period of not less than 15 minutes as per clause 7.5.1 G12/AS1			
Connection zones / soffits	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Stack base <input type="checkbox"/> Soffits
FWG charged / depth / size	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Charged <input type="checkbox"/> Depth <input type="checkbox"/> Size
HWU drain	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Existing <input type="checkbox"/> Above floor <input type="checkbox"/> Cu <input type="checkbox"/> To AS3500
Internal vents in place	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> None <input type="checkbox"/> TV <input type="checkbox"/> DV <input type="checkbox"/> BV
Any backvents required	<input checked="" type="checkbox"/>		List:

GENERAL COMMENTS

SUBFLOOR FOR NEW UNIT.

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

INSPECTION SHEET

FOUNDATIONS\FLOOR SLABDate: 23/1/09 BC Number: 081098Address: 236 Kennedy Road. Inspector: P.M. Hellyer

	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	✓		All OK.
Mesh tied - lapped	✓		665 Mesh - Laps Tied
Mesh supported	✓		60mm Bar Chairs
Top Cover	✓		40mm Cover To Steel
Supplimentary bars	✓		Not required

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

INSPECTION SHEET

FOUNDATIONS\FLOOR SLABDate: 20/1/09 BC Number: 081098Address: 236 Kennedy Road. Inspector: P.M. Halligan

	Pass	Fail	Comments
Piles			
Condition on Consent	<input checked="" type="checkbox"/>		
Soil bearing test required (suspected fill)	<input checked="" type="checkbox"/>		<u>Supplementary Dwellling</u>
Driven piles as per plan	<input checked="" type="checkbox"/>		
Ordinary piles as per plan	<input checked="" type="checkbox"/>		
Anchor piles as per plan	<input checked="" type="checkbox"/>		
Braced piles / poles as per plan	<input checked="" type="checkbox"/>		
Ground Beam / Foundations			
Excavation free of debris	<input checked="" type="checkbox"/>		<u>Clear Trench / No debris</u>
Size of GR Beam as per plan	<input checked="" type="checkbox"/>		<u>300^{mm} x 300 Deep</u>
Reinforcing size, type, spacing as per plan	<input checked="" type="checkbox"/>		<u>2/12 with D10 starters @ .600 ϕ on Red Peg</u>
Cover to reinforcing	<input checked="" type="checkbox"/>		<u>Good Concrete Cover all Round Steel</u>
Floor Slab	<input checked="" type="checkbox"/>		
Polythene – taped – no holes	<input checked="" type="checkbox"/>		
Mesh tied - lapped	<input checked="" type="checkbox"/>		
Mesh supported	<input checked="" type="checkbox"/>		
Top Cover	<input checked="" type="checkbox"/>		
Supplimentary bars	<input checked="" type="checkbox"/>		

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

INSPECTION SHEET

FOUNDATIONS\FLOOR SLABDate: 7.1.09 BC Number: 081098Address: 236 Kennedy RD Inspector: P. M. Kelly

	Pass	Fail	Comments
Piles			
Condition on Consent			
Soil bearing test required (suspected fill)			
Driven piles as per plan			Not this Inspection
Ordinary piles as per plan			
Anchor piles as per plan			
Braced piles / poles as per plan			
Ground Beam / Foundations			Relocated Garage Floor Slab
Excavation free of debris	✓		OK
Size of GR Beam as per plan	✓		200 x 200 Deep
Reinforcing size, type, spacing as per plan	✓		2/12mm D/F Steel Rods + 1/10 starters @ 600
Cover to reinforcing	✓		All Good
Floor Slab			
Polythene – taped – no holes	✓		All In Place
Mesh tied - lapped	✓		well tied up
Mesh supported	✓		Bar Chairs in Place.
Top Cover	✓		40mm Top Cover.
Supplimentary bars	—		

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