

DISCLAIMER: Council has made the information available under Section 10 to 18 (inclusive) of the Local Government Official Information and Meetings Act 1987 ONLY. Council does not warrant its accuracy and disclaims all liability whatsoever for any error, inaccuracy or incompleteness of the Information. No person should rely on any information without seeking appropriate independent and professional advice.

Property Info

Property Number: 1000907

Address: 24 A Manawapou Road Hawera 4610

Assessment Number: 1227072111

Street: Manawapou Road

Locality: Hawera

Requires Review: undefined

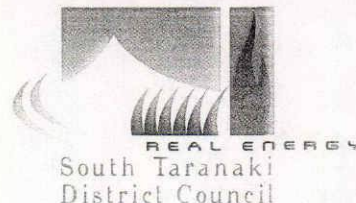


APPLICATION FOR: ☐ BUILDING OR RELOCATION CONSENT
☐ PROJECT INFORMATION MEMORANDUM

1. OWNER DETAILS AND POSTAL ADDRESS Name: <u>G. Hagg</u> Address: <u>87 Puriri St</u> Phone (Business): <u>278 9010</u> Phone (Mobile): <u>021 662 021</u> Fax: <u>278 9010</u>		2. SITE ADDRESS WHERE WORK TO BE CARRIED OUT Street/Rapid No: <u>46</u> Fonterra Supplier No: _____ Street/Road Name: <u>Marawapu Road</u> Town: <u>Hawera</u>	
4. DESCRIPTION OF PROPOSED WORK <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <u>Residential Dwelling</u> <small>If application is for relocation, please confirm the location building is being moved from.</small> </div> <div style="flex: 1; border: 1px solid black; padding: 5px; margin-left: 10px;"> FLOOR AREA OF EXTENSION OR NEW WORK ONLY, MUST BE INCLUDED HERE <u>242.7 M²</u> </div> </div>		3. WORK VALUE: (MATERIALS/LABOUR/GST) \$ <u>240000</u> YOUR APPLICATION CAN NOT BE PROCESSED WITHOUT THIS VALUE	
6. LEGAL DESCRIPTION Valuation No: _____ / _____ / _____ (from rates assessment notice) Lot No: <u>2</u> D.P. <u>334063</u> Sec: _____ Block _____ Survey District: _____		5. INTENDED USE OF BUILDING <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory </div> <div> <input type="checkbox"/> Farm Building <input type="checkbox"/> Industrial <input type="checkbox"/> Other </div> </div>	
BUILDER/REMOVAL CONTRACTOR Name: <u>G. Hagg</u> Address: <u>87 Puriri St</u> Phone (Business): <u>278 9010</u> Phone (Mobile): <u>021 662 021</u> Fax: _____		7. STATISTIC DETAILS Intended Life Of Building <input checked="" type="checkbox"/> 50 Years Minimum <input type="checkbox"/> _____ Years No of Storeys: _____	
PLUMBER/DRAINLAYER Name: <u>John Dolunski</u> Registration No: _____ Address: _____ Phone (Business): _____ Phone (Mobile): _____ Fax: _____		DESIGNER Name: <u>Construction Solutions</u> Address: <u>Wanganui</u> Phone (Business): <u>0274 465 467</u> Phone (Mobile): _____ Fax: _____	
SEND INVOICES TO: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Designer <input checked="" type="checkbox"/> Builder <input type="checkbox"/> Contact Person		CONTACT PERSON Name: <u>G. Hagg</u> Address: <u>87 Puriri St</u> Phone (Business): <u>021 662 021</u> Phone (Mobile): _____ Fax: _____	
SEND CORRESPONDENCE/ISSUED CONSENT/ENQUIRIES TO: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Builder <input type="checkbox"/> Contact Person		INFORMATION INCLUDED IN THIS APPLICATION IS AVAILABLE TO BE SOLD/GIVEN TO PARTIES FOR MARKETING PURPOSES, UNLESS OTHERWISE ADVISED IN WRITING <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Note: If this application is for a new building or extension to an existing building, an accurate site plan MUST be supplied. Refer overleaf </div>	
I enclose the \$150.00 application deposit and I understand that there will be a final invoice sent to me when the processing of this application is complete.		SIGNED: <u>[Signature]</u> DATE: <u>5-12-04</u>	

HAVE YOU COMPLETED THE BACK OF THIS FORM?

FILE COPY



Code Compliance Certificate

Sections 91 to 95 , New Zealand Building Act 2004

Applicant

G Hogg
87 Puriri Street
Hawera 4800



Private Bag 902
Hawera

P: 06 278 0555
P: 0800 111 323
F: 06 278 8757
E: contact@stdc.govt.nz
W: www.stdc.co.nz

Project

Building Consent No	BC041080
Consent Issue Date	13/01/2005
Description	NEW DWELLING
Intended Life (Years)	Specified as 50
Estimated Value	\$ 240,000.00
Location	30 Manawapou Road Hawera 4800
Legal Description	Lot 4 DP 334063
Valuation No	1227072109

Signed for and on behalf of the Council:

Name: **Graham Young**
Group Manager **Environmental Services**

Date: 16/08/2005

17/01/05



DRAIN

041080

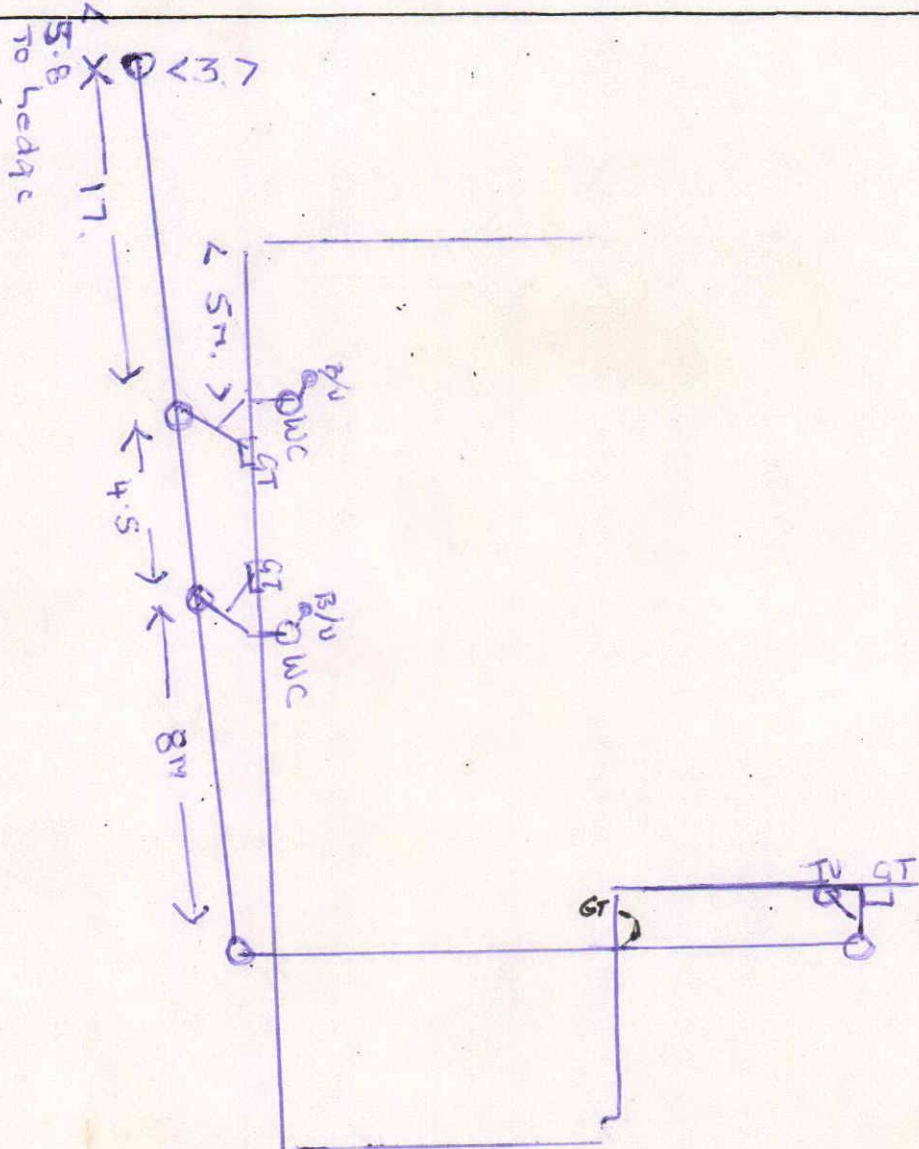
AS LAYED DRAINAGE PLAN.

Owners Name. MR. G Hogg

Site Address. Margate Rd.

Consent Number. _____

Plumber/Drainlayer. J.P. Dodinski Reg. No. 04502



BRUCE ROCKELL

24 Nelson Street,
P. O. Box 438,
HAWERA.



Consulting Engineer

Phone 06 - 278 6049

Fax 06 - 278 6048

E-mail bruce.rockell@extra.co.nz

Our Ref: 5793.01

7 March 2005



South Taranaki District Council
Private Bag 902
HAWERA

Attention: Building Inspectors

Dear Sir

FOUNDATION INSPECTION MANAWAPOU ROAD HAWERA

CONSENT NO 0410181 (LOT 3)

This is to confirm that on 16 December, 23 December 2004 and 19 January 2005, I have inspected the foundations for the house subject to the above Consent Number and checked the soil. I believe on reasonable grounds that the foundation conditions and reinforcement meet the requirements of the Building Code.

The attached thirteen photos show the state of the site at those times.

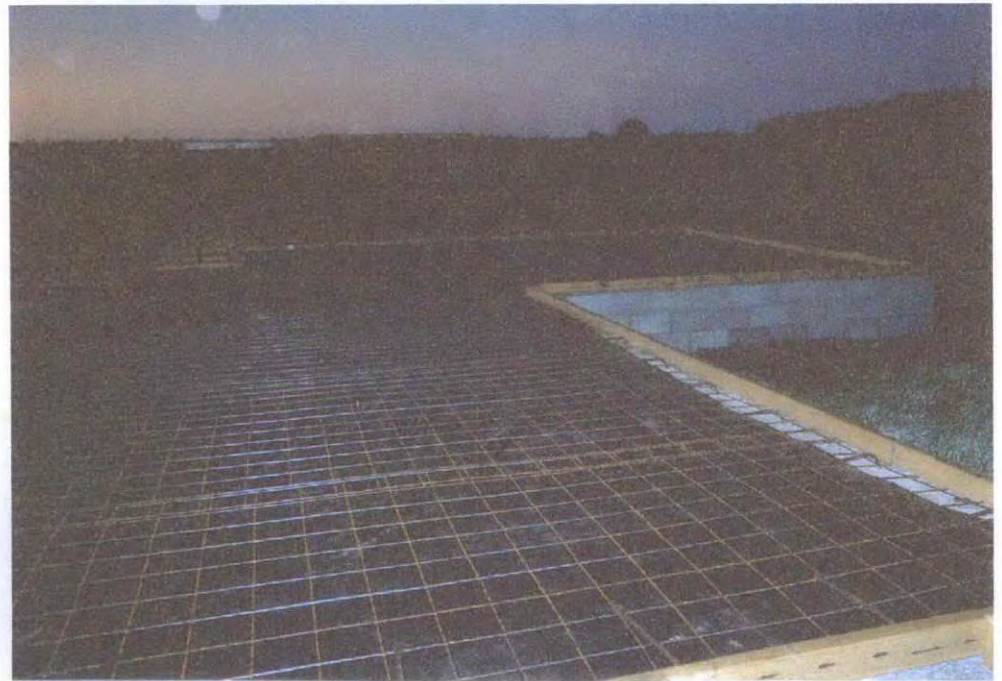
Yours faithfully

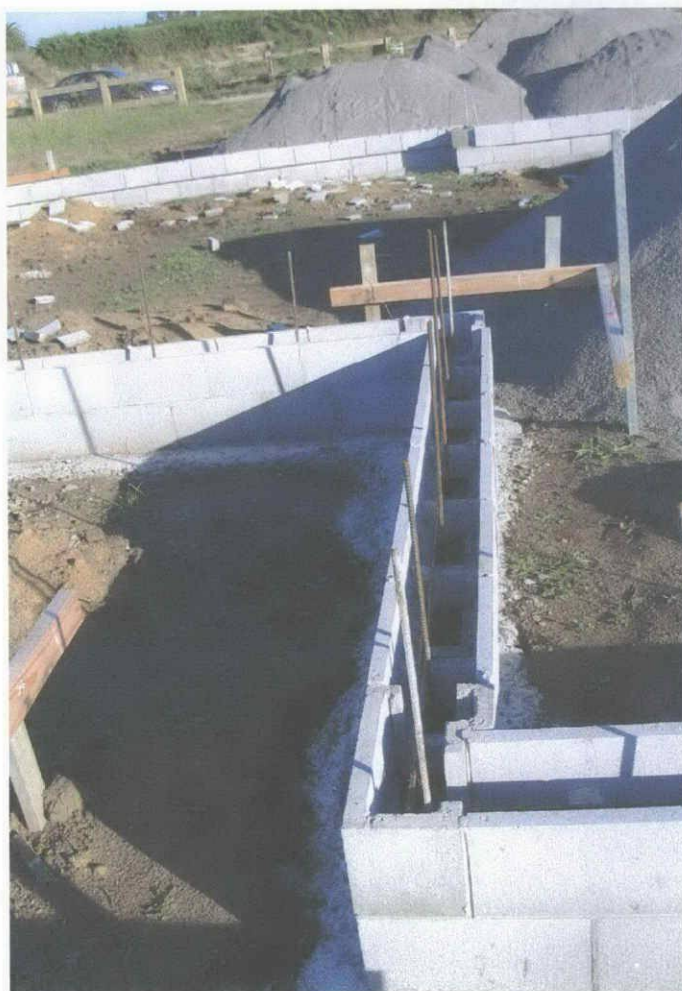
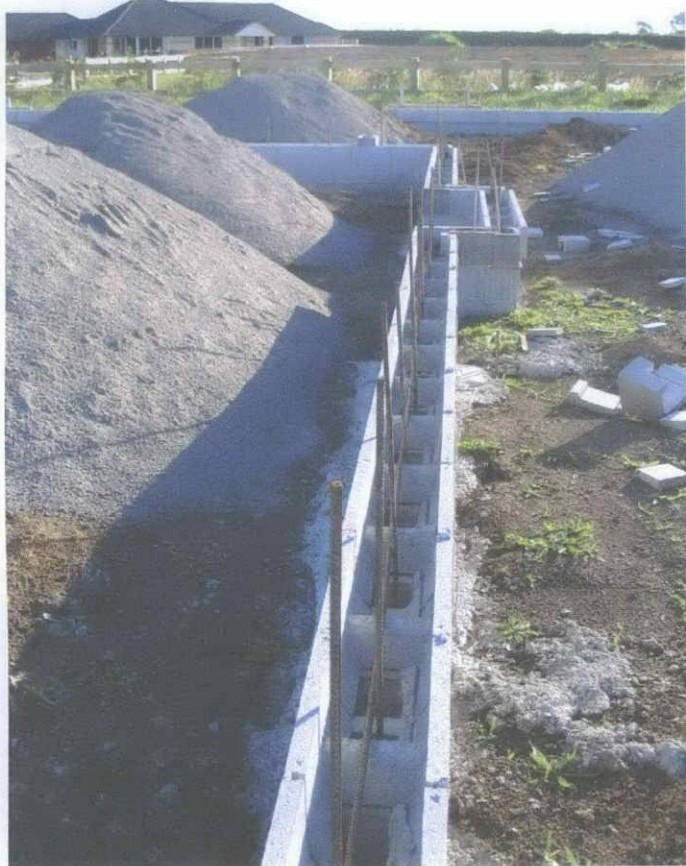
BRUCE ROCKELL Consulting Engineer

W. B. ROCKELL











SOUTH TARANAKI DISTRICT COUNCIL
PURPOSE OF INSPECTION - CODE COMPLIANCE CERTIFICATE

2005

Owner's Name: G HOGG Consent No. BC: 041080
Project Address: 40 Main Road
Project: Hunter
Contact Person: Samuel
Phone: _____ Cellphone No: _____
Date: 7/8/05 Time of Inspection: 2.15 P.

ENTERED

BUILDERS NAME: _____ REG. NO: _____

	PASS	FAIL	N/A		PASS	FAIL	N/A
SITE / BOUNDARIES	/			PILE FOOTINGS			
FOOTINGS / FOUNDATIONS	/			PILE DEPTHS			
PLACEMENT OF REINFORCING	/			SUB FLOOR BRACING			
BLOCKWORK	/			SUB FLOOR FIXINGS			
SUB SLAB WASTES	/			SUB FLOOR INSULATION			
DAMP PROOF MEMBRANE	/			CEILING INSULATION			
PLACEMENT OF MESH	/			WALL INSULATION			
DAMP PROOF COURSE	/			AIR SEALS			
BOTTOM PLATE FIXINGS	/			PROPRIETARY FLASHINGS			
SEISMIC BRACING	/			FLASHINGS			
TRUSS FIXINGS	/			CAVITY SYSTEM			
LINTEL FIXINGS	/			EXTERIOR COATINGS			
BRICKWORK	/			PLUMBING PIPE-OUT			
CONCRETE FLOOR SLAB	/			DRAINAGE			
DISABLED ACCESS & FACILITIES			/	SEPTIC TANK			
WARNING SYSTEMS	/			EFFLUENT FIELD			
INBUILT / FREESTANDING FIRE			/	FIRE WALLS			

CERTIFICATES

	YES	NO	N/A		YES	NO	N/A
ELECTRICAL				GAS			/
PRODUCER STATEMENTS				ENGINEER CALC'S			/

FIELD INSPECTION NOTES

House Compliance
to
Issue
OK
CC

BUILDING OFFICER: _____ DATE: _____

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. 1824125

No. of attachments

CUSTOMER INFORMATION - PLEASE PRINT CLEARLY

Name of customer Mr M DroughtPhone: 062787925Address of installation 24A Manawapou Rd

Postal address of customer (if not as above)

WORK DETAILS

67 No. of lighting outlets1 No. of ranges43 No. of socket outlets No. of water heaters

Was any installation work carried out by the homeowner?

 Yes ✓ No

Please tick (✓) as appropriate where work includes:

✓ Mains✓ Main earthing system✓ Switchboard Electric linesDescription Connecting of power to new home1Ø 25mm² n/s
outside meter point
16mm² main earth.
3 RCDs

for 30A 30mA RCD
for 30A 30mA RCD
for 30A 30mA RCD

It is recommended that test results be recorded here:

Visual Examination ✓Earth Continuity ✓ 0.5mBonding ✓Polarity ✓Insulation Resistance 100 MohmOther RCD Test OK

If necessary attach any pages with sketches of work done

23/11/05. 0.082. RLP: 32Ω. 188Ω. 0.64

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 SR CorriganRegistration no. E478Company Corrigan ElectricalSignature [Signature]Date 23-5-05Contact Ph No. 062783098

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

25 New mains✓ Switchboard10 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 ARKINACIRegistration no. 11995Signature [Signature]Date 24-5-05Contact Ph No. 021-2904828

SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Glynn Hoff Consent No. BC: 041080
 Project Address: Manswaper Rd Heta
 Project: New Dwelling
 Contact Person: Jeff Dodunski
 Phone: _____ Cellphone No.: _____
 Date: 22/4/05 Time of Inspection: _____



PURPOSE OF INSPECTION

- | | |
|---|---|
| <input type="checkbox"/> Site/Pre Consent
<input type="checkbox"/> Footings/Foundations
<input type="checkbox"/> Fire Slab/Wastes
<input type="checkbox"/> Blockwork/Brickwork
<input type="checkbox"/> Fire Walls
<input checked="" type="checkbox"/> Drainage/Septic Tank Effluent Field
<input type="checkbox"/> Sub Floor Fixings
<input type="checkbox"/> General - refer to report
<input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Pre Fire Installation
<input type="checkbox"/> Inbuilt/Freestanding Fire
<input type="checkbox"/> Re-inspection - refer to report
<input type="checkbox"/> Monolithic Cladding Pre-application
<input type="checkbox"/> Vehicle Crossing
<input type="checkbox"/> Pre-decoration check for bracing
Preline
<input type="checkbox"/> Moisture
<input type="checkbox"/> Insulation
<input type="checkbox"/> Bracing
<input type="checkbox"/> Plumbing |
|---|---|

Building Control Officer's Report:

Water TEST Carried-out. Fall of Drain
all ok. ok to Back Fill.
as covered plan Suppliers.

[Signature]

VISION PRINT 27522

Building Control Officer: _____

Date: 22/4/05

SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: STUART Consent No. BC: 04080

Project Address: 40 manawatu

Project: HAIR

Contact Person: MIKE

Phone: _____ Cellphone No.: _____

Date: 20/4/05 Time of Inspection: 8.30am

PURPOSE OF INSPECTION

- ☐ Site/Pre Consent
- ☐ Footings/Foundations
- ☒ Pre Slab/Wastes
- ☒ Blockwork/Brickwork
- ☐ Fire Walls
- ☐ Drainage/Septic Tank Effluent Field
- ☐ Sub Floor Fixings
- ☐ General - refer to report
- ☐ Swimming Pool

- ☐ Pre Fire Installation
- ☐ Inbuilt/Freestanding Fire
- ☐ Re-inspection - refer to report
- ☐ Monolithic Cladding Pre-application
- ☐ Vehicle Crossing
- ☐ Pre-decoration check for bracing

Preline

- ☐ Moisture
- ☐ Insulation
- ☐ Bracing
- ☐ Plumbing

Building Control Officer's Report:

Brick Ties
FLASHING
INSTALLED O.K.
TO COMPLY
BRICKWORK

SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Glynn Hoff Consent No. BC: 041080
 Project Address: 40 Manawapou RD Hura
 Project: New Dwelling
 Contact Person: Glynn Hoff
 Phone: _____ Cellphone No. _____
 Date: 12/4/05 Time of Inspection: 2.10 pm

ENTERED

PURPOSE OF INSPECTION

- ☐ Site/Pre Consent
- ☐ Footings/Foundations
- ☐ Pre Slab/Wastes
- ☐ Blockwork/Brickwork
- ☐ Fire Walls
- ☐ Drainage/Septic Tank Effluent Field
- ☐ Sub Floor Fixings
- ☐ General - refer to report
- ☐ Swimming Pool

- ☐ Pre Fire Installation
- ☐ Inbuilt/Freestanding Fire
- ☐ Re-inspection - refer to report
- ☐ Monolithic Cladding Pre-application
- ☐ Vehicle Crossing
- ☐ Pre-decoration check for bracing

Preline

- ☐ Moisture
- ☐ Insulation
- ☐ Bracing
- ☐ Plumbing

Building Control Officer's Report:

Bracing Fixings Rectified.

Damaged Bracing Line sheets have been replaced. Nailed correctly. ok to stop over

Building Control Officer:

[Signature]

Date:

12/4/05

SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Glynn Hoff Consent No. BC: 04/080
 Project Address: 10 Manawapou Rd Hwa
 Project: New Dwelling
 Contact Person: Glynn Hoff
 Phone: _____ Cellphone No.: _____
 Date: 6 / 4 / 05 Time of Inspection: _____

ENTERED

PURPOSE OF INSPECTION

- | | |
|--|--|
| <input type="checkbox"/> Site/Pre Consent
<input type="checkbox"/> Footings/Foundations
<input checked="" type="checkbox"/> Pre Slab/Wastes
<input type="checkbox"/> Blockwork/Brickwork
<input type="checkbox"/> Fire Walls
<input type="checkbox"/> Drainage/Septic Tank Effluent Field
<input type="checkbox"/> Sub Floor Fixings
<input type="checkbox"/> General - refer to report
<input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Pre Fire Installation
<input type="checkbox"/> Inbuilt/Freestanding Fire
<input checked="" type="checkbox"/> Re-inspection - refer to report
<input type="checkbox"/> Monolithic Cladding Pre-application
<input type="checkbox"/> Vehicle Crossing
<input type="checkbox"/> Pre-decoration check for bracing
<u>Preline</u>
<input type="checkbox"/> Moisture
<input type="checkbox"/> Insulation
<input type="checkbox"/> Bracing
<input type="checkbox"/> Plumbing |
|--|--|

Building Control Officer's Report:

SHEET BRACE Fixings.

all Broken BRace sheets
through Nailing BEing
COMPROMISED. ARE TO BE
REPLACED.

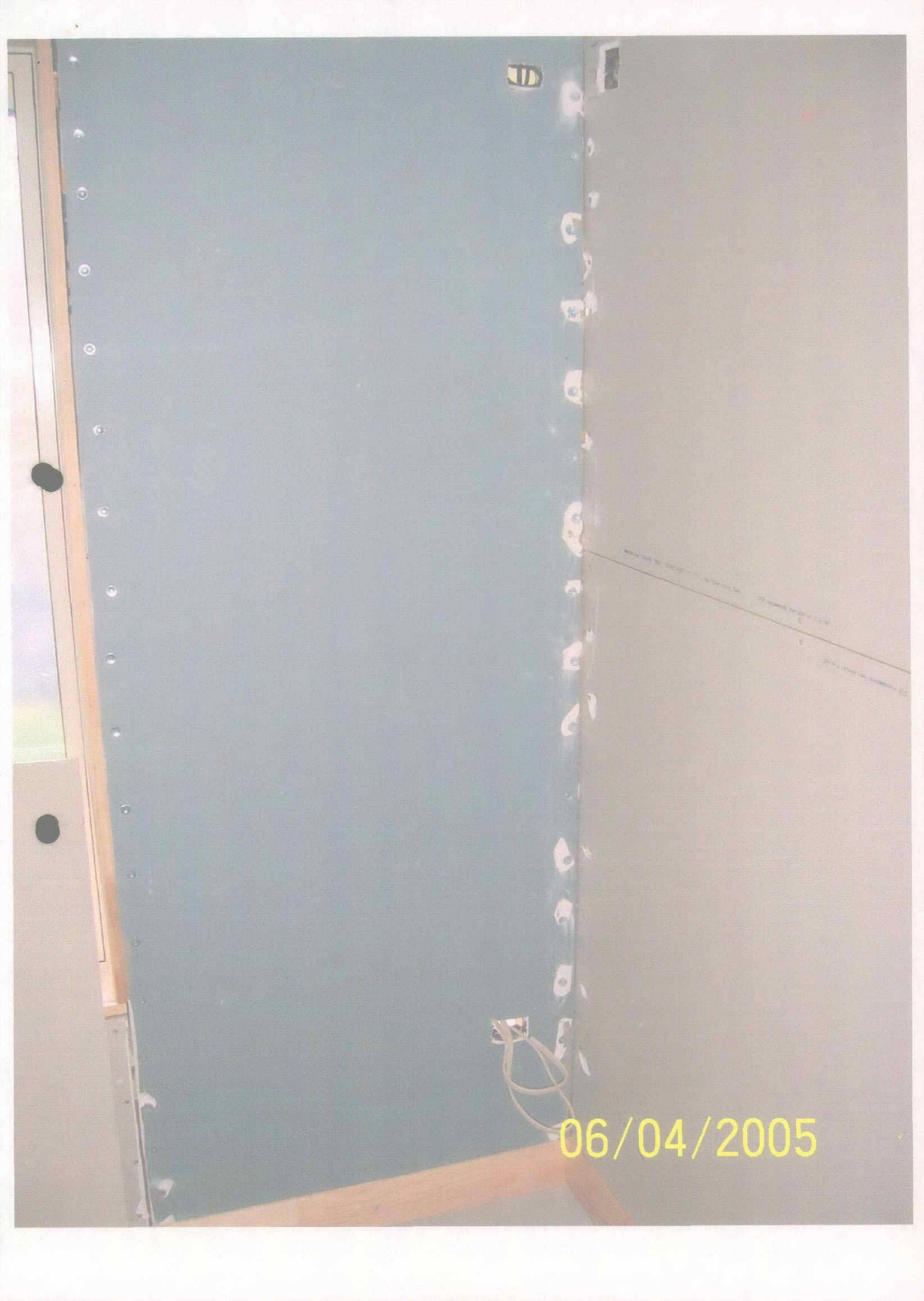
STANDARD SUB Fixings TO BE
REFIXED TO MEET MANUFACTURERS
fixing Requirements.

ORL

VISION PRINT 27522

Building Control Officer: _____

Date: 6 / 4 / 05



06/04/2005





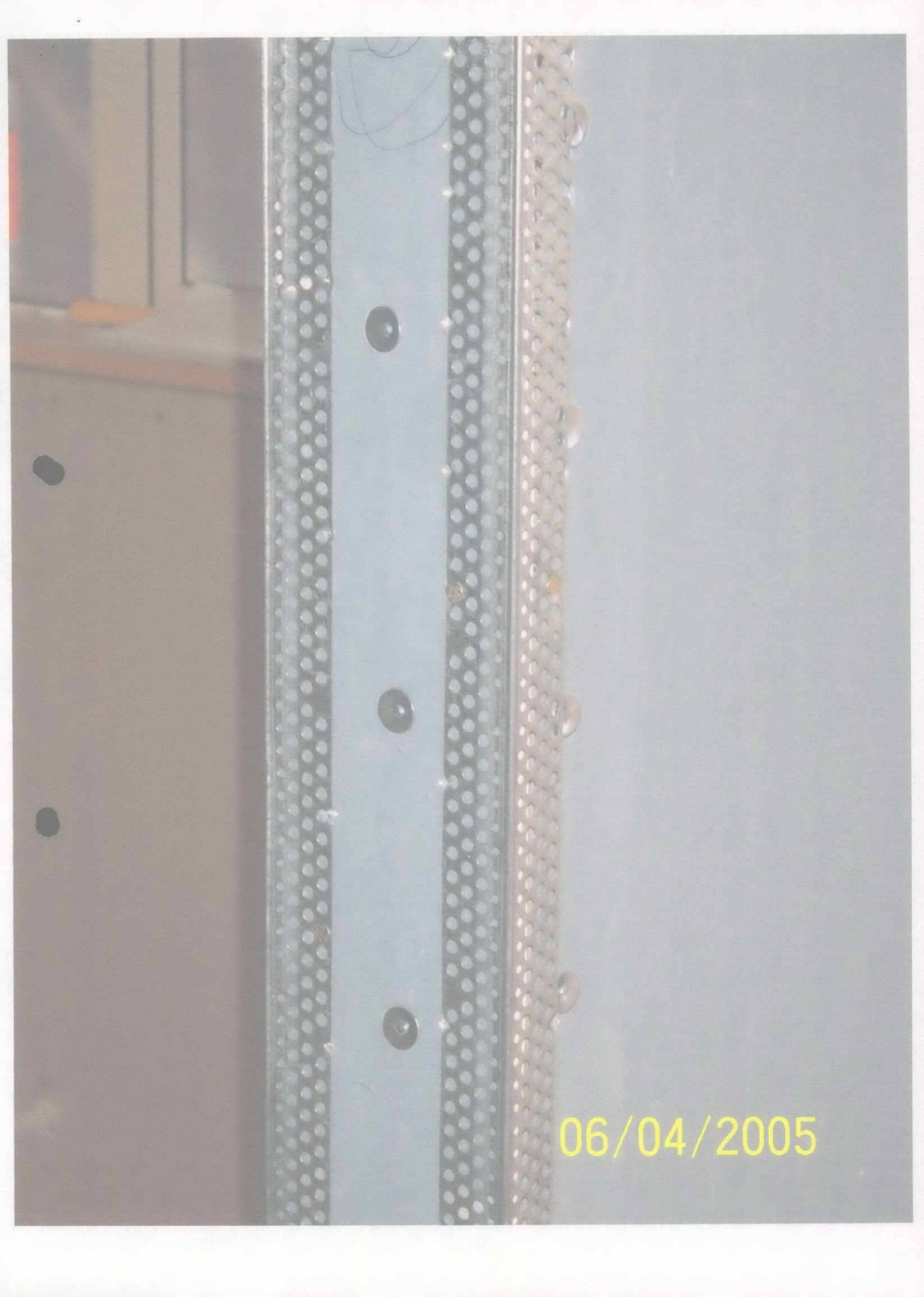
06/04/2005

06/04/2005

Use Paper Joint Tape

Braceline must be

06/04/2005

A photograph showing a close-up of a metal assembly. A central vertical metal plate is flanked by two strips of perforated metal. Several dark, circular bolts or rivets are visible along the central plate. To the right, a series of horizontal metal bands or rivets are visible. The background is a plain, light-colored surface.

06/04/2005

SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Glynis Hoff Consent No. BC: 041080
 Project Address: 40 Manawapou RD HWA
 Project: New Dwelling
 Contact Person: Glynis Hoff
 Phone: _____ Cellphone No.: _____
 Date: 30/3/05 Time of Inspection: _____

ENTERED

PURPOSE OF INSPECTION

- | | |
|--|--|
| <input type="checkbox"/> Site/Pre Consent | <input type="checkbox"/> Pre Fire Installation |
| <input type="checkbox"/> Footings/Foundations | <input type="checkbox"/> Inbuilt/Freestanding Fire |
| <input type="checkbox"/> Fire Slab/Wastes | <input type="checkbox"/> Re-inspection - refer to report |
| <input type="checkbox"/> Blockwork/Brickwork | <input type="checkbox"/> Monolithic Cladding Pre-application |
| <input type="checkbox"/> Fire Walls | <input type="checkbox"/> Vehicle Crossing |
| <input type="checkbox"/> Drainage/Septic Tank Effluent Field | <input type="checkbox"/> Pre-decoration check for bracing |
| <input type="checkbox"/> Sub Floor Fixings | <u>Preline</u> |
| <input type="checkbox"/> General - refer to report | <input type="checkbox"/> Moisture |
| <input type="checkbox"/> Swimming Pool | <input checked="" type="checkbox"/> Insulation |
| | <input checked="" type="checkbox"/> Bracing |
| | <input checked="" type="checkbox"/> Plumbing |

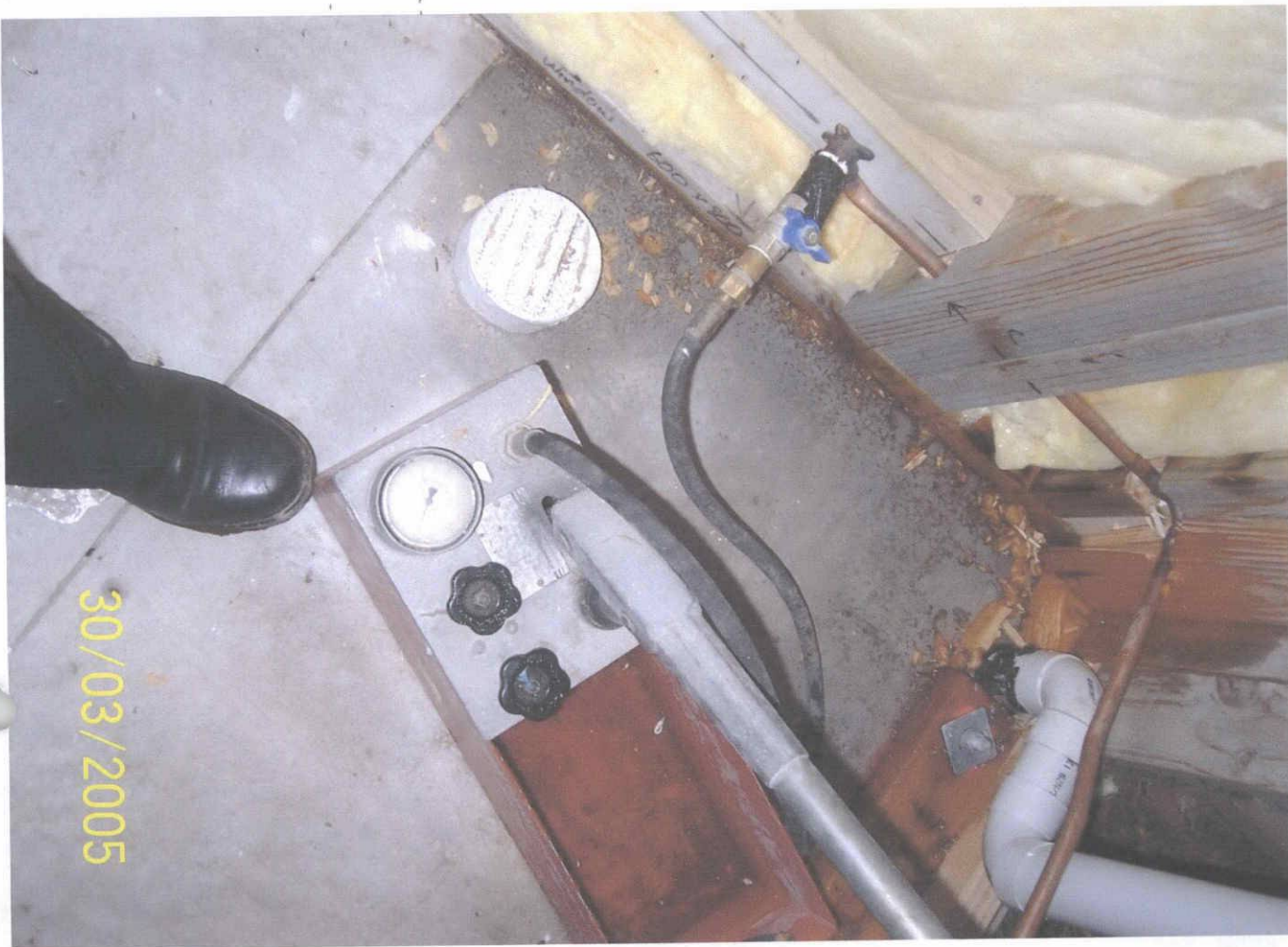
Building Control Officer's Report:

Moisture Content of Framing
 19% average ok to line.
 Insulation please all ok.
 No Linings to be installed
 in WC/Bath Room area as well
 as Master Bed Room Wardrobe &
 Exhaust. These areas require drying
 out and a Recheck.
 Liner fixings all ok. BR9 & other
 Bracing units to be installed.
 Recheck required before Linings
 these areas. Water Test on Joists
 all ok.

VISION PRINT 27522

Building Control Officer: OJB.

Date: 30/3/05



30/03/2005



30/03/2005



SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Colin Hogg Consent No.BC: 014080
 Project Address: 40 manawapou rd.
 Project: New Dwelling
 Contact Person: _____
 Phone: _____ Cellphone No.: _____
 Date: 24/03/05 Time of Inspection: 0800am

PURPOSE OF INSPECTION

- ☐ Site/Pre Consent
- ☐ Footings/Foundations
- ☐ Pre Slab/Wastes
- ☐ Blockwork/Brickwork
- ☐ Fire Walls
- ☐ Drainage/Septic Tank Effluent Field
- ☐ Sub Floor Fixings
- ☐ General - refer to report
- ☐ Swimming Pool

- ☐ Pre Fire Installation
- ☐ Inbuilt/Freestanding Fire
- ☐ Re-inspection - refer to report
- ☐ Monolithic Cladding Pre-application
- ☐ Vehicle Crossing
- ☐ Pre-decoration check for bracing

- Prelim ceiling
- ☐ Moisture
 - ☒ Insulation
 - ☐ Bracing
 - ☒ Plumbing

ENTERED

Building Control Officer's Report:

ceiling Batten's in place Insulation in place
ok. to line ceilings

Pressure reads 200 no leaks all penetrations have
sealant.

ok. to line after moisture test of walls

Building Control Officer: _____

Date: 24/03/05

BC 014080





SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Hogg Consent No. BC: 041080
Project Address: 40 Manawapou rd Hawera
Project: New House
Contact Person: _____
Phone: _____ Cellphone No.: _____
Date: 18/03/05 Time of Inspection: 10:00 am

PURPOSE OF INSPECTION

- | | |
|--|--|
| <input type="checkbox"/> Site/Pre Consent | <input type="checkbox"/> Pre Fire Installation |
| <input type="checkbox"/> Footings/Foundations | <input type="checkbox"/> Inbuilt/Freestanding Fire |
| <input type="checkbox"/> Pre Slab/Wastes | <input type="checkbox"/> Re-inspection - refer to report |
| <input type="checkbox"/> Blockwork/Brickwork | <input type="checkbox"/> Monolithic Cladding Pre-application |
| <input type="checkbox"/> Fire Walls | <input type="checkbox"/> Vehicle Crossing |
| <input type="checkbox"/> Drainage/Septic Tank Effluent Field | <input checked="" type="checkbox"/> Pre-decoration check for bracing |
| <input type="checkbox"/> Sub Floor Fixings | <u>Preline</u> |
| <input type="checkbox"/> General - refer to report | <input type="checkbox"/> Moisture |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Insulation |
| | <input type="checkbox"/> Bracing |
| | <input type="checkbox"/> Plumbing |

Building Control Officer's Report:

All Gib Bracing in place are correctly installed
Bracing Nails and Washers are flush - ok to stop finish

Building Control Officer: [Signature]

Date: 18/03/05

SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Clynn Hoff Consent No. BC: 041080

Project Address: 10 Manawapou RD Hwa

Project: New Dwelling

Contact Person: Clynn Hoff

Phone: _____ Cellphone No.: _____

Date: 11, 3, 05 Time of Inspection: _____

PURPOSE OF INSPECTION

- | | |
|--|---|
| <input type="checkbox"/> Site/Pre Consent | <input type="checkbox"/> Pre Fire Installation |
| <input type="checkbox"/> Footings/Foundations | <input type="checkbox"/> Inbuilt/Freestanding Fire |
| <input type="checkbox"/> Pre Slab/Wastes | <input checked="" type="checkbox"/> Re-inspection - refer to report |
| <input type="checkbox"/> Blockwork/Brickwork | <input type="checkbox"/> Monolithic Cladding Pre-application |
| <input type="checkbox"/> Fire Walls | <input type="checkbox"/> Vehicle Crossing |
| <input type="checkbox"/> Drainage/Septic Tank Effluent Field | <input type="checkbox"/> Pre-decoration check for bracing |
| <input type="checkbox"/> Sub Floor Fixings | <u>Preline</u> |
| <input type="checkbox"/> General - refer to report | <input type="checkbox"/> Moisture |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Insulation |
| | <input type="checkbox"/> Bracing |
| | <input type="checkbox"/> Plumbing |

Building Control Officer's Report:

Bottom plate Fixings
Rectified TO 900 CONTRAS.
Diagonal Bracing Replaced TO
Comply.
BRS Bracing Rect. Fixed.
OK TO PROCEED.

Building Control Officer: _____

Date: 11, 3, 05

Owner's Name: Glynn Hoff Consent No. BC: 041080

Project Address: 40 Manawapou Rd Hwa

Project: New Dwelling

Contact Person: Glynn Hoff

Phone: _____ Cellphone No.: _____

Date: 4 / 3 / 05 Time of Inspection: _____

ENTERED

PURPOSE OF INSPECTION

- | | |
|--|--|
| <input type="checkbox"/> Site/Pre Consent | <input type="checkbox"/> Pre Fire Installation |
| <input type="checkbox"/> Footings/Foundations | <input type="checkbox"/> Inbuilt/Freestanding Fire |
| <input type="checkbox"/> Pre Slab/Wastes | <input type="checkbox"/> Re-inspection - refer to report |
| <input type="checkbox"/> Lockwork/Brickwork | <input type="checkbox"/> Monolithic Cladding Pre-application |
| <input type="checkbox"/> Fire Walls | <input type="checkbox"/> Vehicle Crossing |
| <input type="checkbox"/> Drainage/Septic Tank Effluent Field | <input type="checkbox"/> Pre-decoration check for bracing |
| <input type="checkbox"/> Sub Floor Fixings | <u>Preline</u> |
| <input type="checkbox"/> General - refer to report | <input type="checkbox"/> Moisture |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Insulation |
| | <input type="checkbox"/> Bracing |
| | <input type="checkbox"/> Plumbing |

Building Control Officer's Report:

FULL AMENDED PLANS TO BE SUBMITTED

ALL BR5s TO BE REPLACED WITH

BR4 C1B BRACE WITH GRN CONNECTIVE

BOTTOM PLATE T12 TRUE BOLTS TO BE

INSTALLED NO FURTHER THAN 900mm APART.

DIAGONAL BRACING IN LOUNGE & MASTER

B/ROOM TO BE REPLACED & INSTALLED

CORRECTLY. TOP PLATE IN BED ROOM

2 TO BE FLITCHED WHERE

PLATE HAS BEEN CUT JUST ABOUT THROUGH.

BR5 BRACE TO BE INSTALLED TO

CORRECT WALL IN WALK IN WARDROBE.

PLEASE ARRANGE FOR RECHECK

WHEN ALL OF THE ABOVE HAS BEEN

RECTIFIED.

VISION PRINT 27522

Building Control Officer: _____

Date: 4 / 3 / 05

041080

CTDP-



041080



041080



041080



SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Glynn Hoff Consent No. BC: 041080

Project Address: 60 Manawapou RD HWA

Project: New Dwelling

Contact Person: Glynn Hoff

Phone: _____ Cellphone No.: _____

Date: 3, 3, 05 Time of Inspection: _____

ENTERED

PURPOSE OF INSPECTION

- | | |
|---|---|
| <input type="checkbox"/> Site/Pre Consent
<input type="checkbox"/> Footings/Foundations
<input type="checkbox"/> Pre Slab/Wastes
<input type="checkbox"/> Blockwork/Brickwork
<input type="checkbox"/> Fire Walls
<input type="checkbox"/> Drainage/Septic Tank Effluent Field
<input type="checkbox"/> Sub Floor Fixings
<input type="checkbox"/> General - refer to report
<input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Pre Fire Installation
<input type="checkbox"/> Inbuilt/Freestanding Fire
<input type="checkbox"/> Re-inspection - refer to report
<input type="checkbox"/> Monolithic Cladding Pre-application
<input type="checkbox"/> Vehicle Crossing
<input type="checkbox"/> Pre-decoration check for bracing
<u>Preline</u>
<input type="checkbox"/> Moisture
<input type="checkbox"/> Insulation
<input type="checkbox"/> Bracing
<input type="checkbox"/> Plumbing |
|---|---|

Building Control Officer's Report:

Bracing sheets Nail off.
all Completion.
Flooring Systems ok.
Brick LATER TIES all ok.

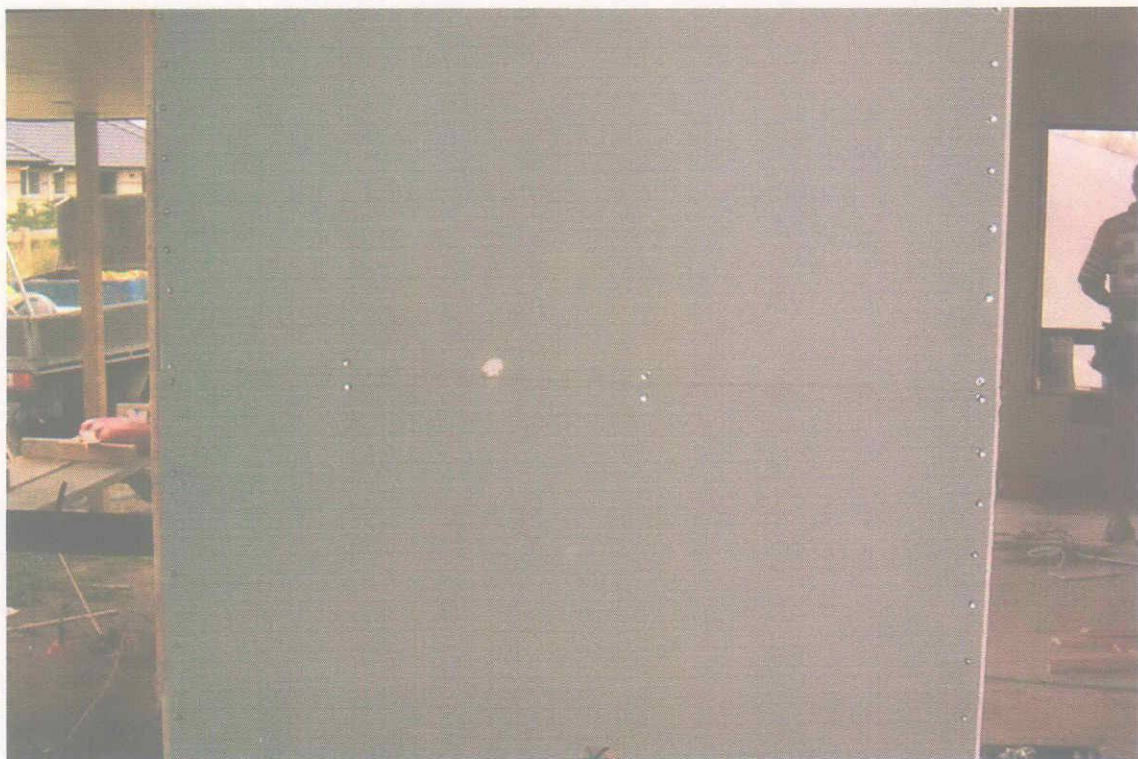
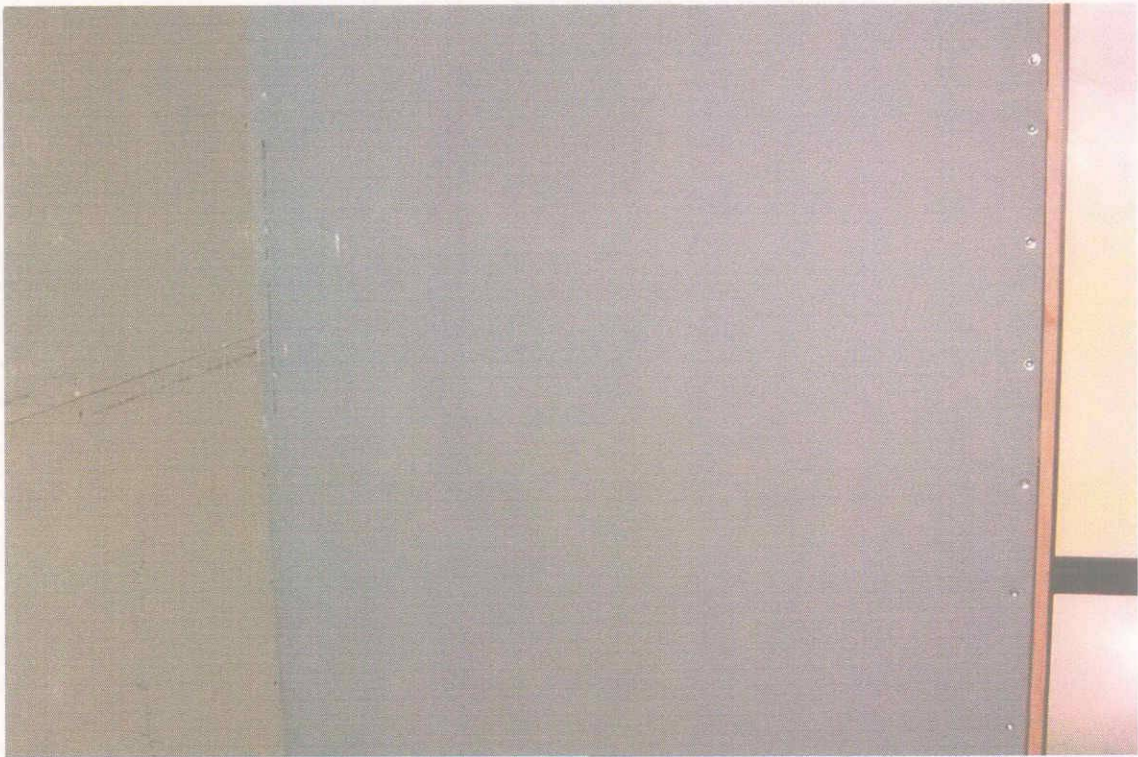
[Signature]

VISION PRINT 27522

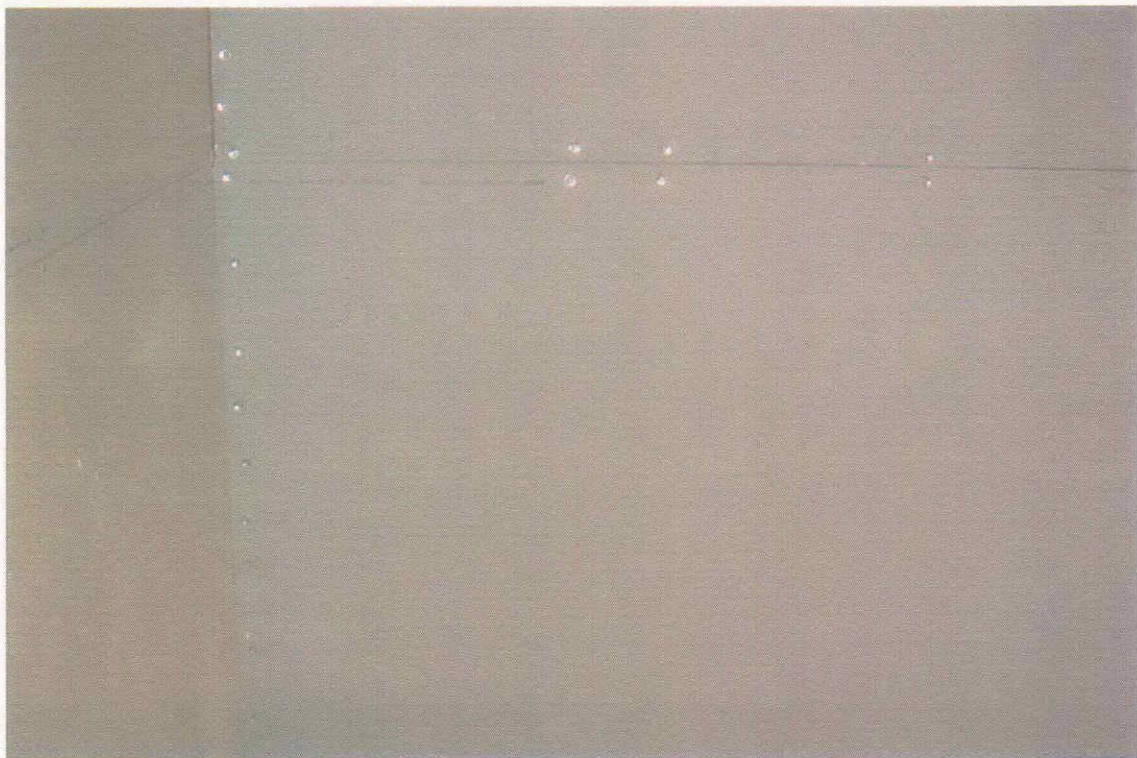
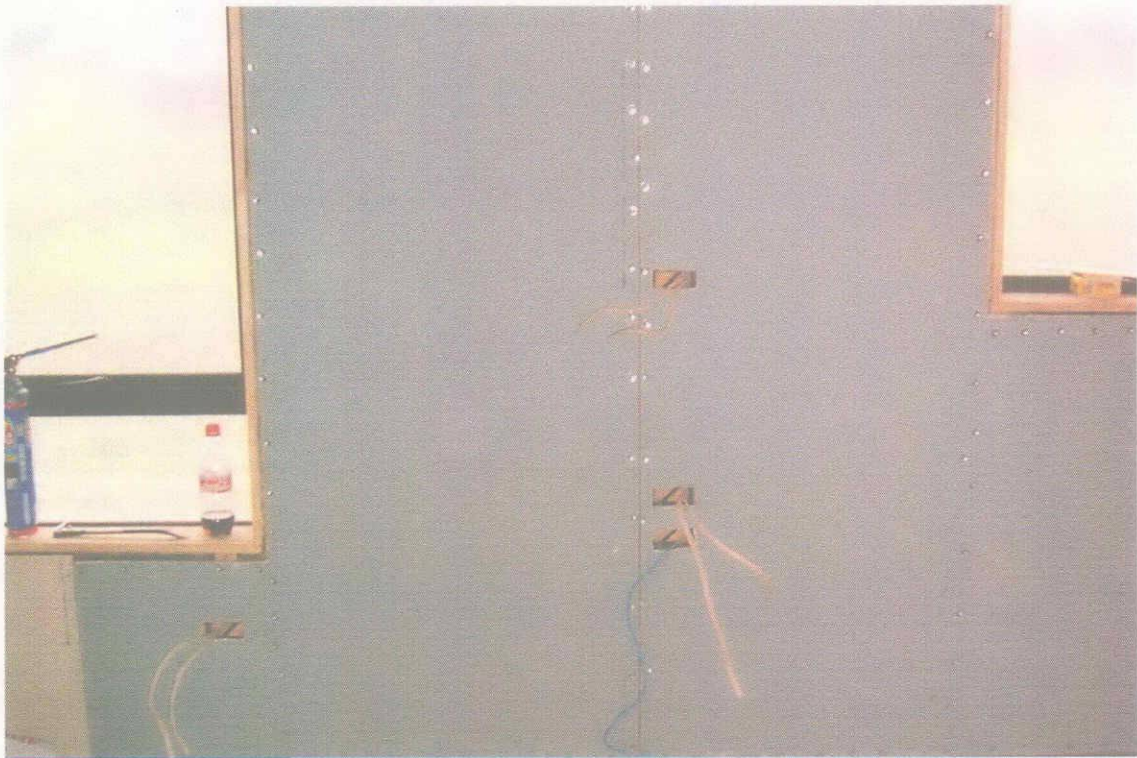
Building Control Officer: _____

Date: 3, 3, 05

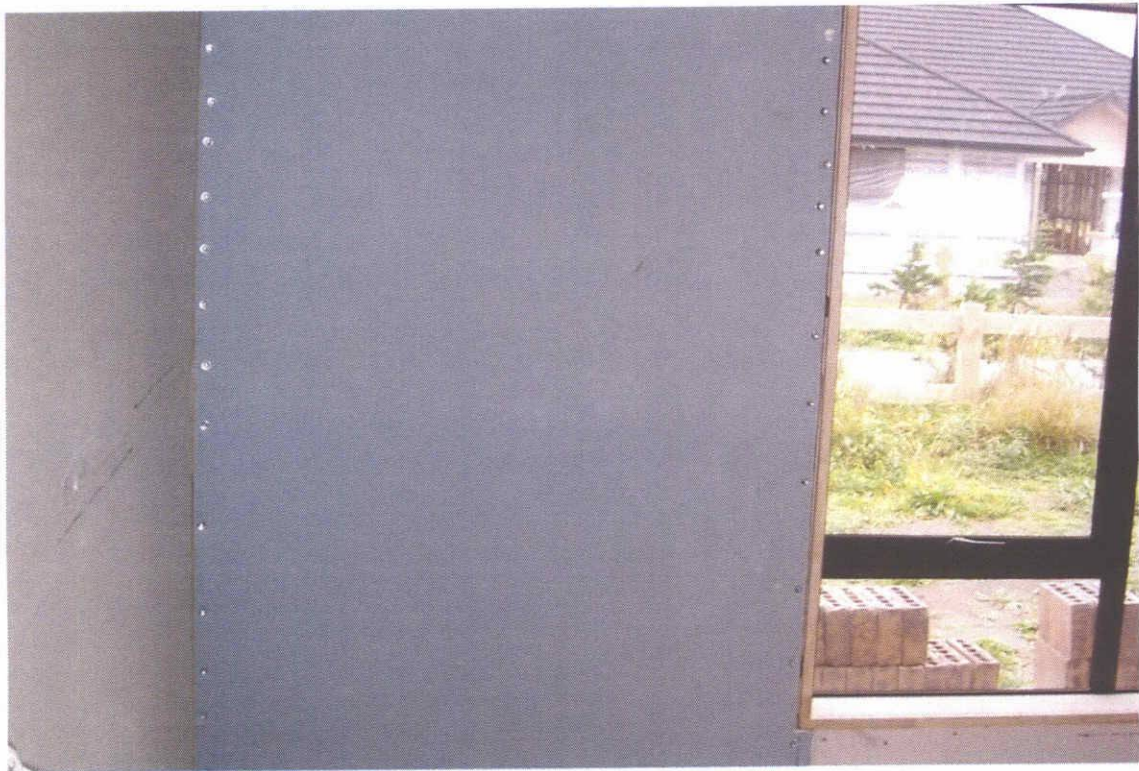
041080



041080



04/080



041080



SOUTH TARANAKI DISTRICT COUNCIL



Owner's Name: Stuart Consent No. BC: 041080
 Project Address: 40 Mandaon
 Project: RD -
 Contact Person: MIKE
 Phone: _____ Cellphone No.: _____
 Date: 22/2/05 Time of Inspection: 10am

ENTERED

PURPOSE OF INSPECTION

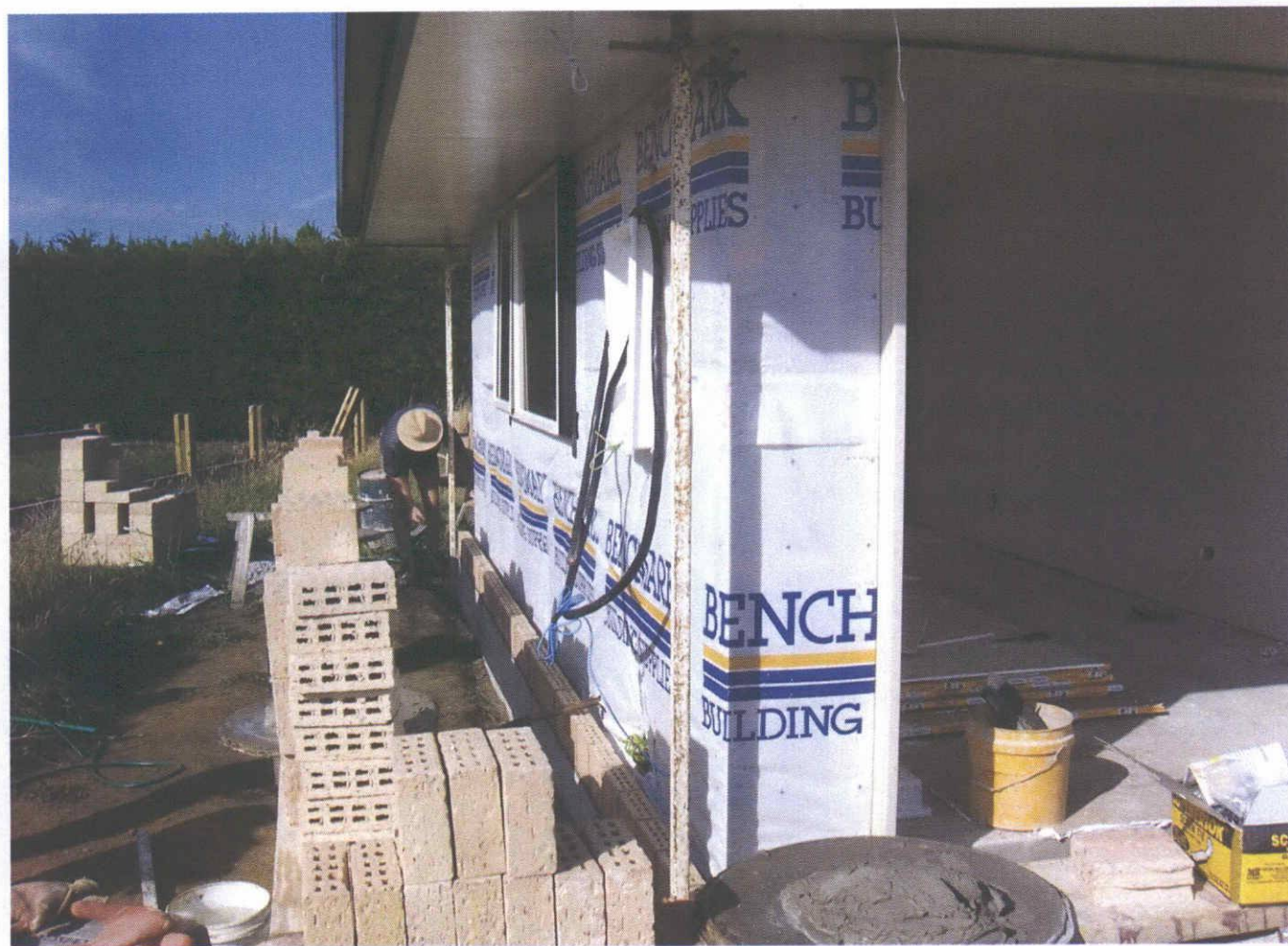
- | | |
|---|--|
| <input type="checkbox"/> Site/Pre Consent
<input type="checkbox"/> Footings/Foundations
<input checked="" type="checkbox"/> Pre Slab/Wastes
<input type="checkbox"/> Blockwork/Brickwork
<input type="checkbox"/> Fire Walls
<input type="checkbox"/> Drainage/Septic Tank Effluent Field
<input type="checkbox"/> Sub Floor Fixings
<input type="checkbox"/> General - refer to report
<input type="checkbox"/> Swimming Pool
<u>FLASHING</u> ✓ | <input type="checkbox"/> Pre Fire Installation
<input type="checkbox"/> Inbuilt/Freestanding Fire
<input type="checkbox"/> Re-inspection - refer to report
<input checked="" type="checkbox"/> Monolithic Cladding Pre-application <u>Brickwork</u>
<input type="checkbox"/> Vehicle Crossing
<input type="checkbox"/> Pre-decoration check for bracing
<u>Preline</u>
<input checked="" type="checkbox"/> Moisture
<input checked="" type="checkbox"/> Insulation
<input checked="" type="checkbox"/> Bracing
<input type="checkbox"/> Plumbing |
|---|--|

Building Control Officer's Report:

PLASTIC WRAP INSTALLED
MOISTURE CONTENT
UNDER 24% MAX
UNDER 18% COILING
AND ROOF BRACING
IN PLACE - 2.2 BATT
IN CEILING - 1-8
IN WALLS - OK TO
CUT AND INTERNAL
FRAMING - BRACING
UNITS INSTALLED
TO PLAN - WINTER
STRAPPED & FLASHINGS
FOR WINDOWS IN PLACE

VISION PRINT 27522

Building Control Officer: _____ Date: ____/____/____



BRUCE ROCKELL

24 Nelson Street,
P. O. Box 438,
HAWERA.



Consulting Engineer

Phone 06 - 278 6049

Fax 06 - 278 6048

E-mail bruce.rockell@extra.co.nz

FILE COPY

Our Ref: 5793.02

7 March 2005

South Taranaki District Council
Private Bag 902
HAWERA

Attention: Building Inspectors

Dear Sir

**FOUNDATION INSPECTION MANAWAPOU ROAD HAWERA
CONSENT NO 041080 (LOT 2)**

This is to confirm that I have inspected the foundations for the house subject to the above Consent Number on 16 December, 23 December 2004 and 19 January 2005, and checked the soil. I believe on reasonable grounds that the foundation conditions and reinforcement meet the requirements of the Building Code.

The attached fifteen photos show the state of the site at the time.

Some loose material in the bottom of the trenches needed to be removed before pouring concrete.

Yours faithfully

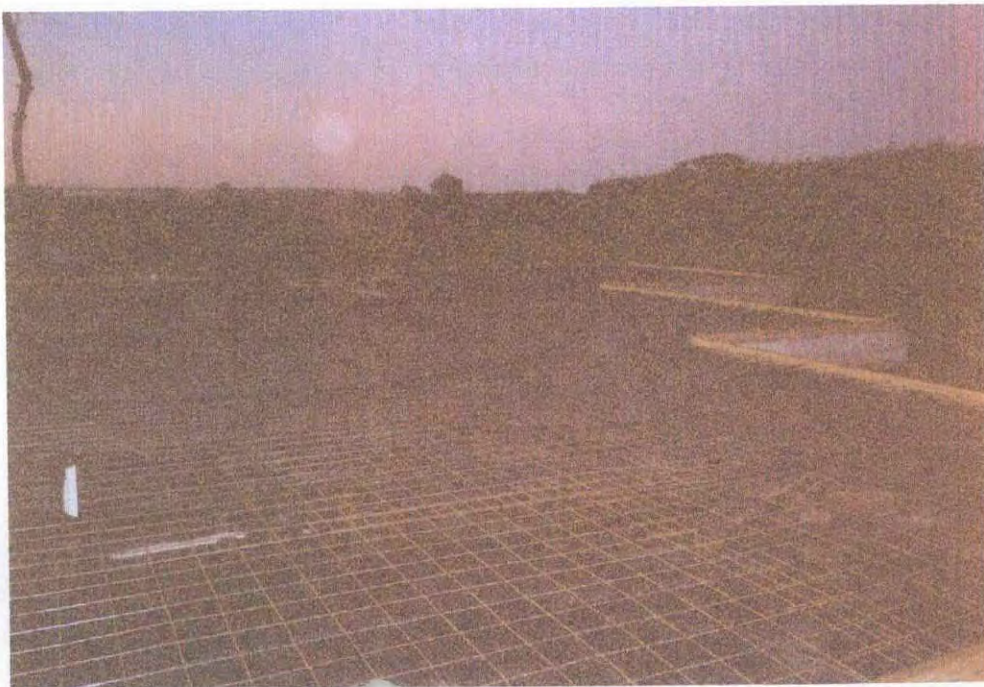
BRUCE ROCKELL Consulting Engineer

W. B. ROCKELL

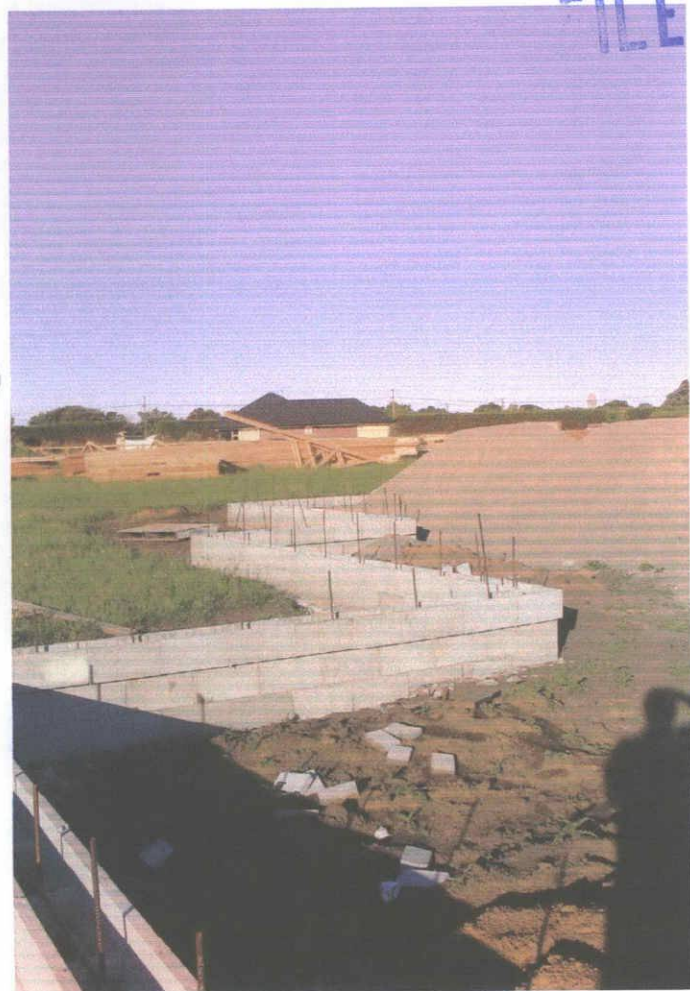




FILE COPY



FILE COPY



FILE COPY

BRUCE ROCKELL

24 Nelson Street,
P. O. Box 438,
HAWERA.



Consulting Engineer

Phone 06 - 278 6049

Fax 06 - 278 6048

E-mail bruce.rockell@xtra.co.nz

Our Ref: 5793.02

7 March 2005

South Taranaki District Council
Private Bag 902
HAWERA

Attention: Building Inspectors

Dear Sir

**FOUNDATION INSPECTION MANAWAPOU ROAD HAWERA
CONSENT NO 041080 (LOT 2)**

This is to confirm that I have inspected the foundations for the house subject to the above Consent Number on 16 December, 23 December 2004 and 19 January 2005, and checked the soil. I believe on reasonable grounds that the foundation conditions and reinforcement meet the requirements of the Building Code.

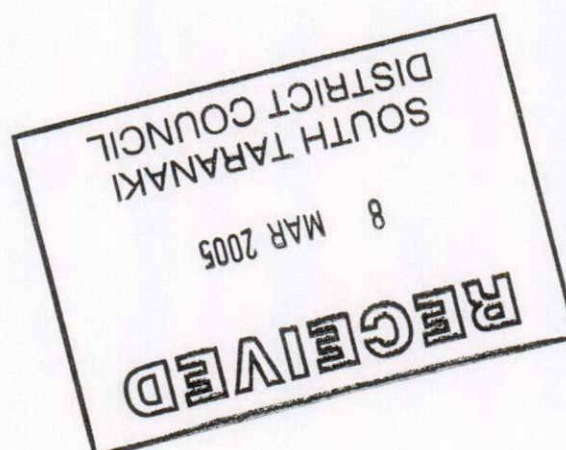
The attached fifteen photos show the state of the site at the time.

Some loose material in the bottom of the trenches needed to be removed before pouring concrete.

Yours faithfully

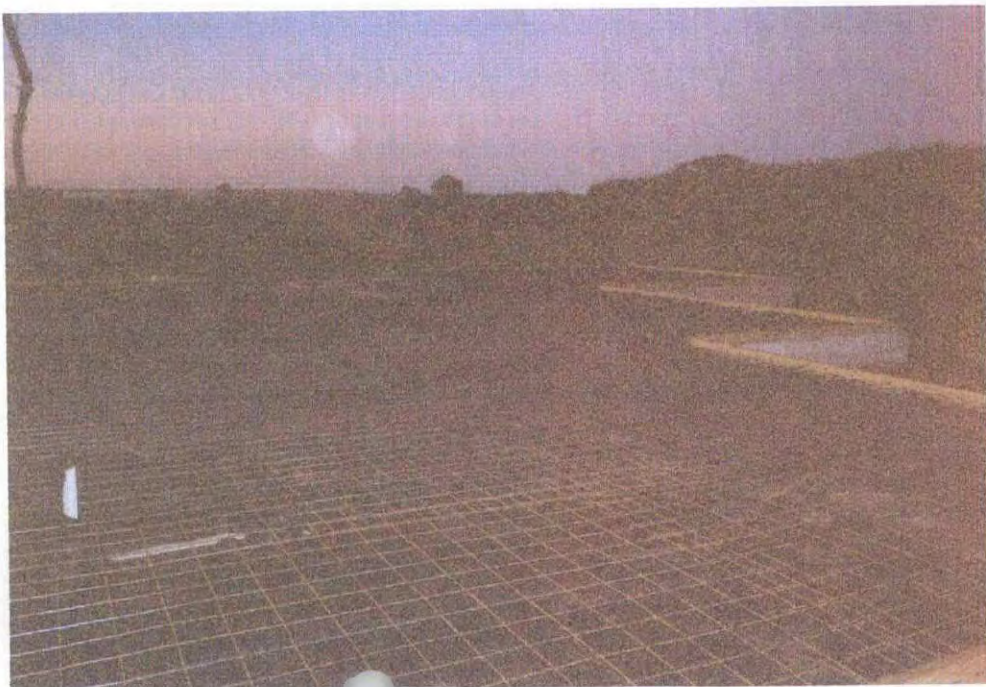
BRUCE ROCKELL Consulting Engineer

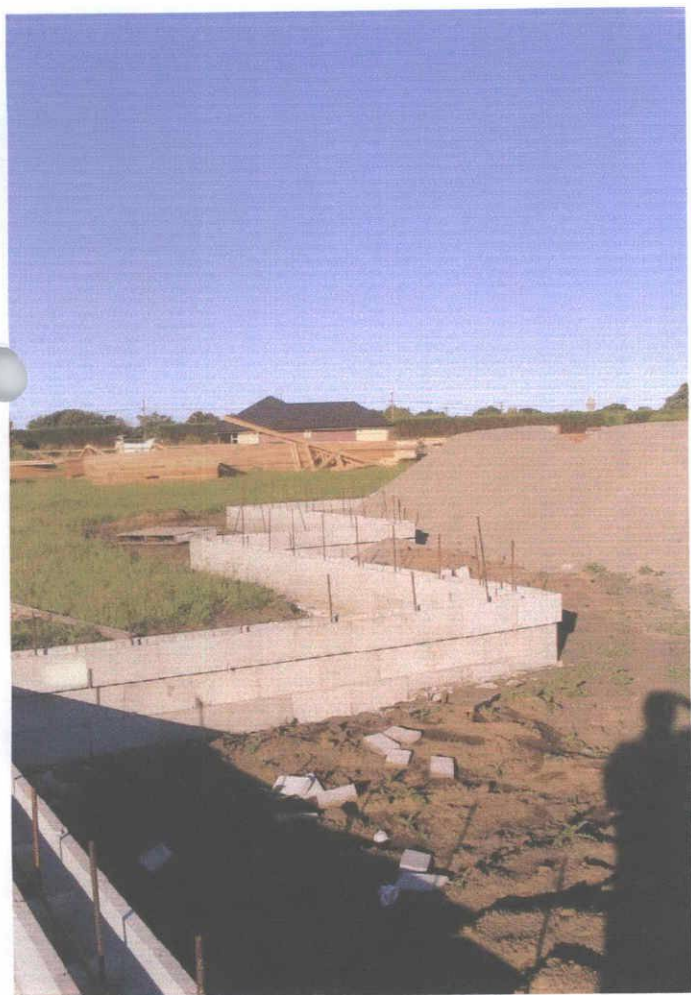
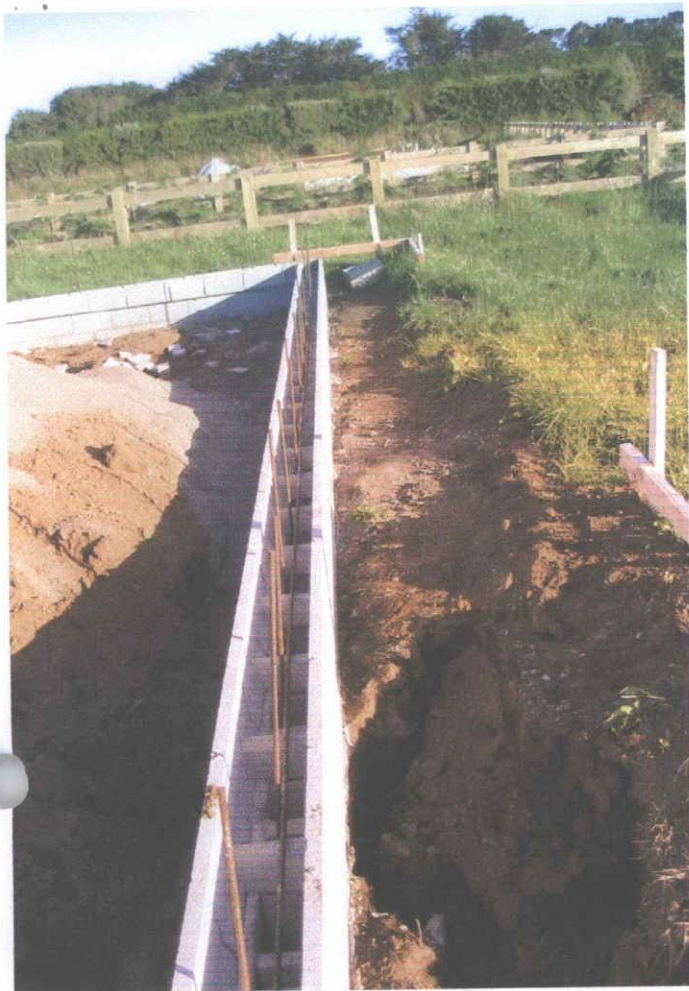
W. B. ROCKELL











12270/721/11

Henry

✓ Mr. and Mrs Drought

24 D. Manawapou Road
Hawera

Gas Heater

g.c.c.

Regards
Glynne

24 A

04/08/0



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 **354187**

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)

(Street name)

240 MANAWATU ROAD
HAWERA

(Suburb)

Consumer:

MR M DROUGHT

(Town/City)

(Title)

(Initials)

(Family/Business name)

DESCRIPTION OF GASFITTING TO WHICH THIS CERTIFICATE APPLIES

Appliance

Flue

Ventilation

Qty	Type	Location	Make/model	Input rate	Type	Location	Type	Location
1	Hester	Lounge	Rinnai Timber frame FS 35	32kWh	Twin skin through roof		Complies to NZS 5261:2003	
Connected hester to existing point (Pipework + other appliances done by another gasfitter!! <u>New House</u>)								

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 **genesis**

Pipework Installed ☒ YES ☐ NO
(attach pipework diagram)

Test Results**Other Testing**

10 min Duration
7 kPa Test pressure
NIL kPa Loss / gain
2.5 kPa Working pressure

Combustion
☐ Yes ☒ No
Ventilation
☐ Yes ☒ No

Test Date

17/06/05

I certify that :-

- ⊗ 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.
- ⊗ 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.
- ⊗ 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

Kevin Huggard
11 Wilson Street
Hawera

Address

Registration No

14047

Signature

K Huggard
17/06/05

Date

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)

Robin Houghton
10680
Houghton - Plumbing
Box 606
Hawera



CONS

Building Consent**Sections 40 to 52, New Zealand Building Act 2004****Applicant**G HOGG
87 PURIRI STREET
HAWERA**FILE COPY****Project**

Consent No.	041080	Home Phone:	06 278 9010
Consent Issue date	17/01/05	Bus Hours Phone:	021 662 021
Application date	7/12/04	Fax No:	06 278 9010
Overseer	Henry Kerehoma		
Description	New Construction Being Stage 1 of an intended 1 Stage NEW DWELLING		
Intended Life	Specified as 50 years		
Intended Use	DWELLING		
Estimated Value	\$240,000		
Location	40 MANAWAPOU ROAD, HAWERA		
Legal Description	LOT 2 DP 334063		
Valuation No.	1227072106		

Builder: G HOGG 87 PURIRI STREET, HAWERA
Designer: CONSTRUCTION SOLUTIONS WANGANUI
Drainlayer: JOHN DODUNSKI 1 MILMOE STREET HAWERA
Plumber: JOHN DODUNSKI 1 MILMOE STREET HAWERA

This Building Consent is a consent under the New Zealand Building Act 2004 to undertake building work in accordance with the attached plans and specifications so as to comply with the provisions of the Building Code. It is not a consent under the Resource Management Act 1991 and does not affect any duty or responsibility under any other Act nor permit any breach of any other Act.

This building consent is issued subject to the conditions specified in the attached page(s) headed Conditions of Building Consent 041080.

Signed for and on behalf of the Council:

Name: _____

This building consent confirms compliance with the New Zealand Building Code. It does not give approval to commence building work until all other approvals have been obtained. The approvals required for this project are listed on the Project Information Memorandum.

The owner shall as soon as practical after completion of the building work, notify a Council Service Centre that the work has been completed in accordance with this building consent by completing and returning the attached Notice of Completion form.

This Consent shall lapse and be of no effect if the building work has not started within 6 months or reasonable progress made after 12 months.

COMMENCEMENT OF WORK: The owner or person undertaking the building work shall give at least 2 working day's notice of the intended commencement of building work.

INSPECTION NOTIFICATION: The Consents Department is to be notified at least 24 hours BEFORE any inspection is due.

FOOTINGS: The owner or person undertaking the building work shall give at least 1 working day's notice to cover up or close in the excavation and reinforcing for a foundation.

FOOTING/BLOCKWORK: A Building Control Officer is to be notified 24 hours minimum prior to pouring any concrete.

PRELINE INSULATION: The owner or person undertaking the work shall give at least one working day's notice after placing any insulation and before covering with linings.

PRELINE: The owner or person undertaking the building work shall give at least 1 working day's notice to enable specified moisture content of the timber to be checked as well as all specified bracing installation with required fixings.

FIXINGS: All fixings are to comply with NZS 3604 Section 4 Durability (Table 4.1). A check of these fixings is required.

FLASHINGS: The owner or person undertaking the building work shall give at least one working day's notice that all flashings have been installed and arrange for an inspection prior to covering.

PRE CONCRETE FLOOR SLAB (PLUMBING): The person undertaking the plumbing work shall give at least one working day's notice to cover up any waste pipes/drains or plumbing.

PRE CONCRETE FLOOR SLAB (BUILDING): The owner or person undertaking the building work shall give at least one working day's notice to cover up any reinforcing or damp proof membranes.

PRELINE PLUMBING: The plumber or person undertaking the building work shall give at least one working day's notice to cover up or close in any plumbing work.

DRAINAGE: The plumber or owner shall give at least one working day's notice to cover up or close in any drainage. up or close in any Drainage.

SMOKE DETECTION DEVICES: These are to be fitted at the time of fire installation and completion of building work.

PLUMBING: Hot water to sanitary fixtures for personal hygiene is to be limited to 55 degrees Celsius.

PRELINE: Wall bracing is to comply with NZS 3604 as marked on the approved plan

NZ GENERAL: All work is to comply with the New Zealand Building Code.

Project Information Memorandum 041080

Sections 31 to 39, New Zealand Building Act 2004

Issued in accordance with Building Consent No. 041080

This project information memorandum is confirmation that the proposed building work may be undertaken, subject to the provisions of the Building Act 1991, and any requirements of the building consent attached.

SERVICES: Water - Reticulated system within subdivision. Sewer - reticulated system within subdivision. Stormwater - to be disposed of on site via soakholes. Connection fees for water and sewer may be required when further details are provided. Please contact Council's Reticulation Officer, Clive Margetts.

This Project Information Memorandum has been prepared for the purposes of Section 31(2) of the Building Act 1991 and contains all relevant information held by the South Taranaki District Council. The information provided is based on a search of Council's property records and there may be other information relating to the land, which has not been specifically recorded against this property or known to Council.

Signed by or for and on behalf of the Council:

Name:

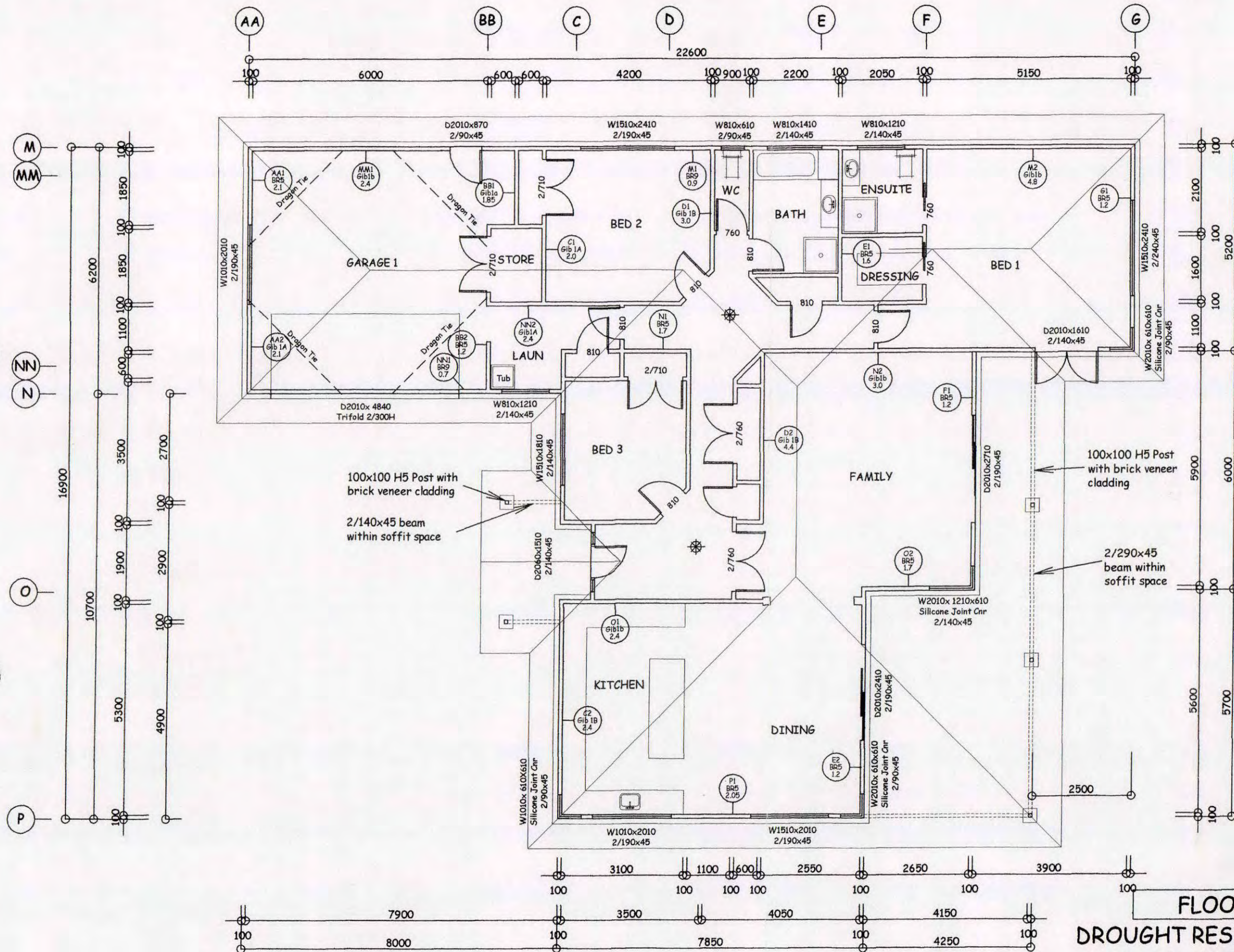
Date:

CONSTRUCTION SOLUTIONS

PK 0274 465 467, WANGANUI.



DROUGHT RESIDENCE
Lot 2 of DP334063 , Manawapou Rd , Hawera



NOTE
The bracing types as scheduled shall be fixed as specified in the Winstone Wallboards Ltd Gib-board Bracing Systems Manual dated August 1999 and the Construction Plywood Bracing System Manual dated April 1992.

AREA - 232.3m²
(over wall framing)
242.7m² (over brick)

ROOF - 30 deg pitch
750mm Overhang

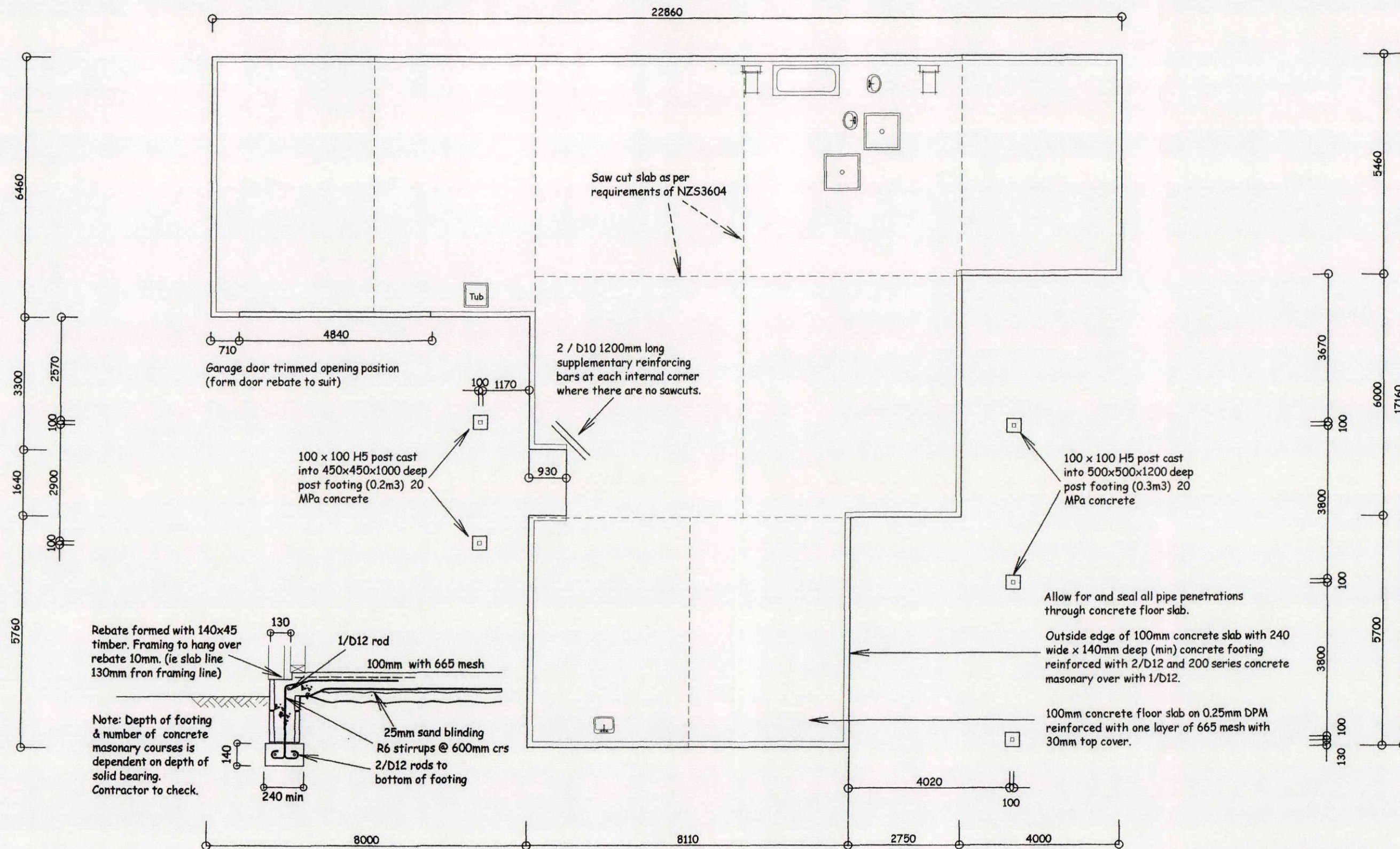
⊗ - Ceiling mounted battery operated smoke detectors

Note:
A smoke detector must be fitted within 3m of all bedroom doorways.
(2no. total fitted to house)

It is the contractors responsibility to verify all dimensions on site.
All work is to comply with the acceptable solutions of to New Zealand Building Code. All work to comply with NZS 3604: 1999

FLOOR PLAN
DROUGHT RESIDENCE
Lot 2 of DP334063
Manawapou Rd
Hawera

File ref	
DATE	4/12/04
SCALE	1 : 100
DRAWING NUMBER	
SHEET	



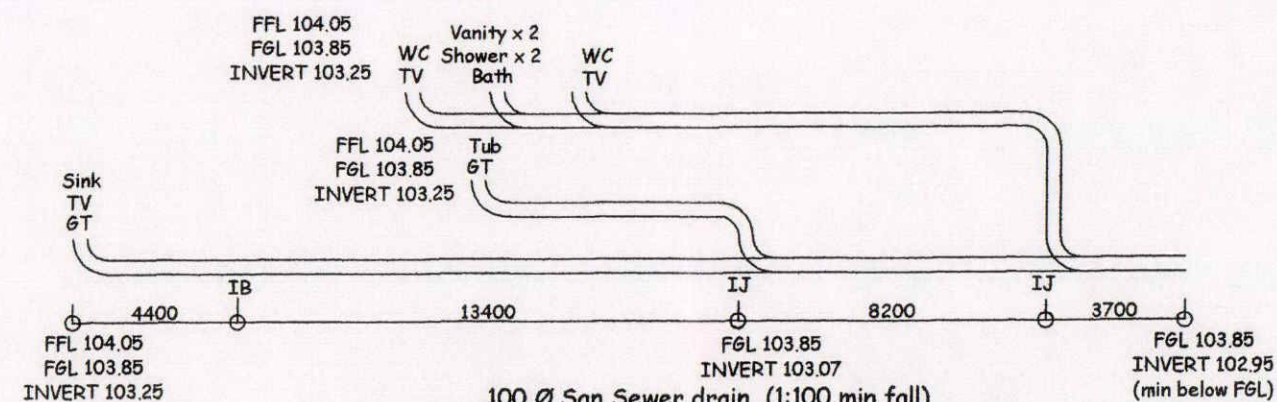
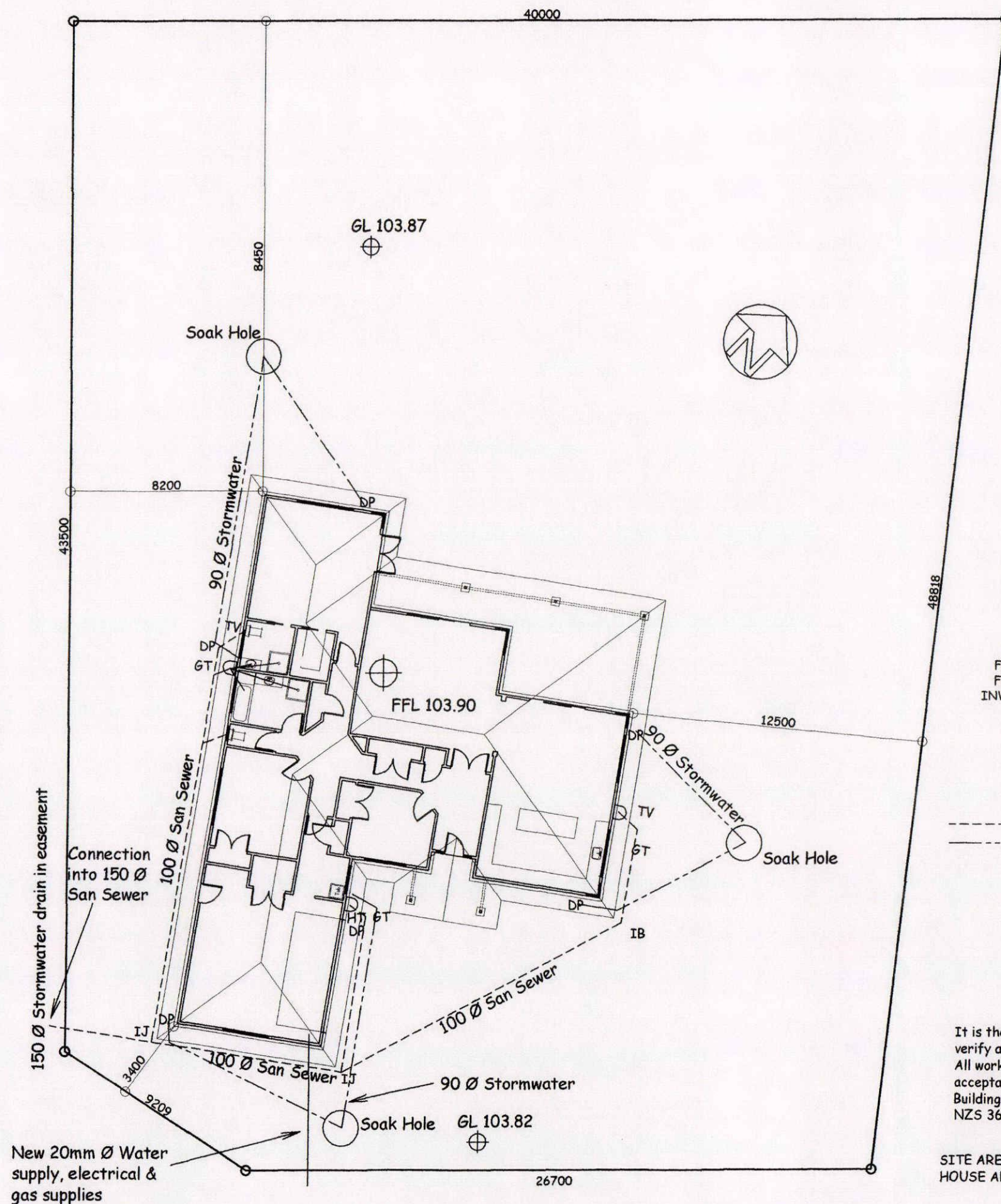
AREA - 232.3m² (over wall framing)
242.7m² (over brick)

Note:
Note: 130mm rebate shown to brick areas

It is the contractors responsibility to verify all dimensions on site. All work is to comply with the acceptable solutions of to New Zealand Building Code. All work to comply with NZS 3604: 1999

SLAB PLAN
DROUGHT RESIDENCE
Lot 2 of DP334063
Manawapou Rd
Hawera

File ref	
DATE	4/12/04
SCALE	1 : 100
DRAWING NUMBER	
SHEET	



DRAINAGE LONGSECTION - 1:100

100 Ø San Sewer Drain
90 Ø Stormwater drain

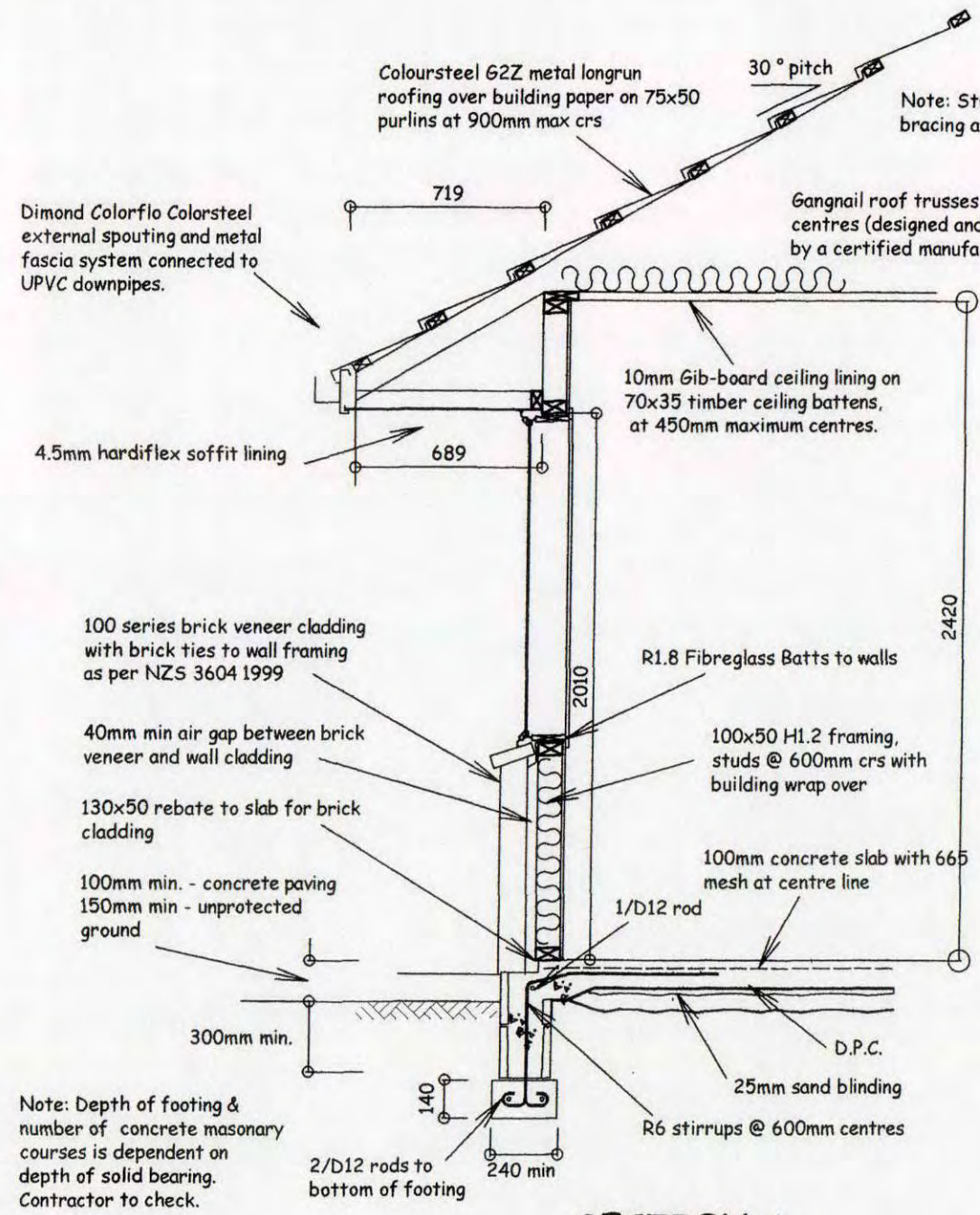
It is the contractors responsibility to verify all dimensions on site.
All work is to comply with the acceptable solutions of to New Zealand Building Code.
All work to comply with NZS 3604: 1999

40 Ø wastes for vanities & showers
50 Ø for baths
65 Ø from FWG to San Sewer pipe
All TV & BV to be 50 Ø and vent to atmosphere (in wall space)
GT = Gully Trap
IB = Inspection Bend
IJ = Inspection Junction
HT = Hose Tap
DP = Downpipe

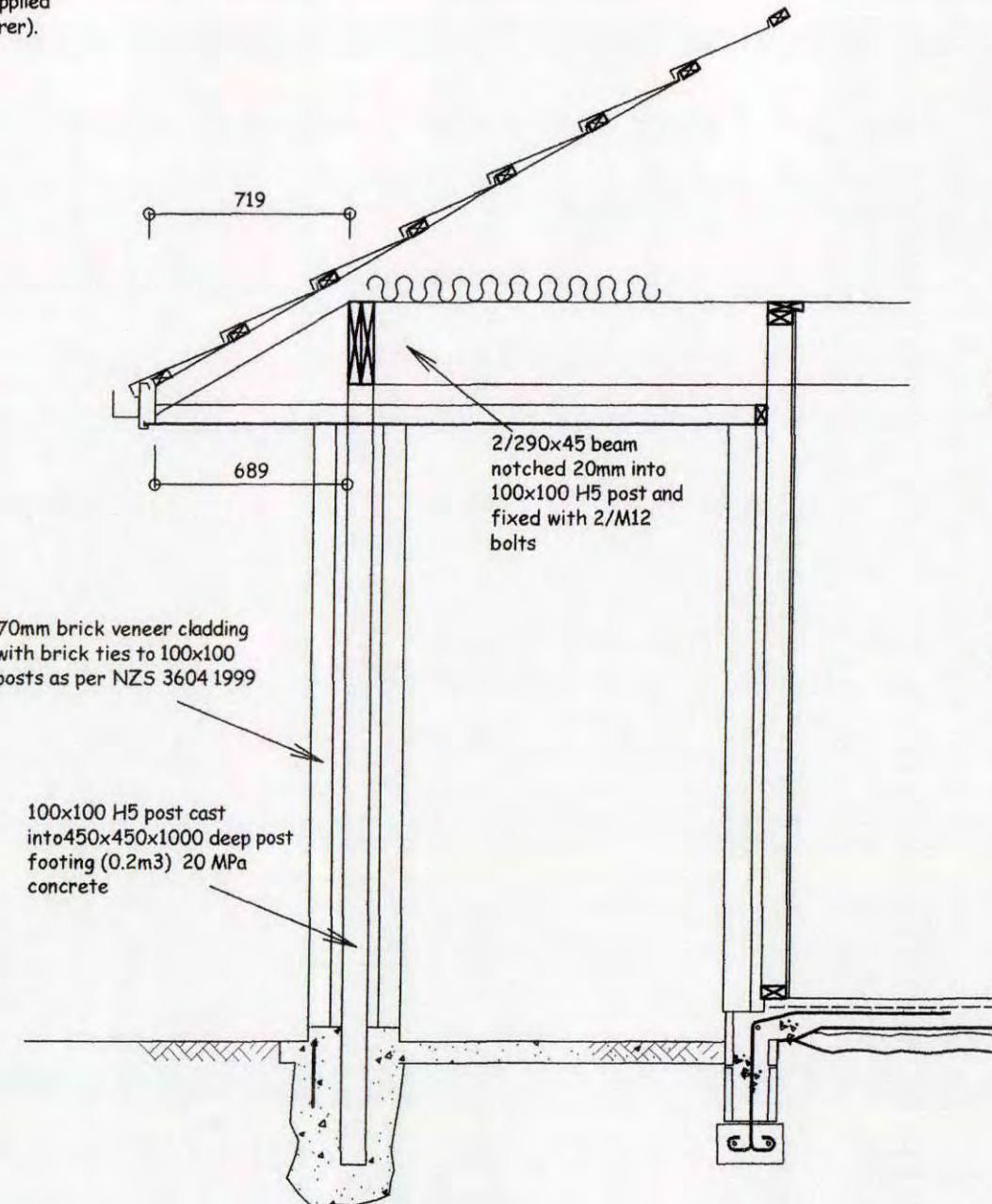
It is the contractors responsibility to verify all dimensions on site.
All work is to comply with the acceptable solutions of to New Zealand Building Code. All work to comply with NZS 3604: 1999

SITE AREA - 1990m²
HOUSE AREA - 232.3m² (over wall framing)
242.7m² (over brick)

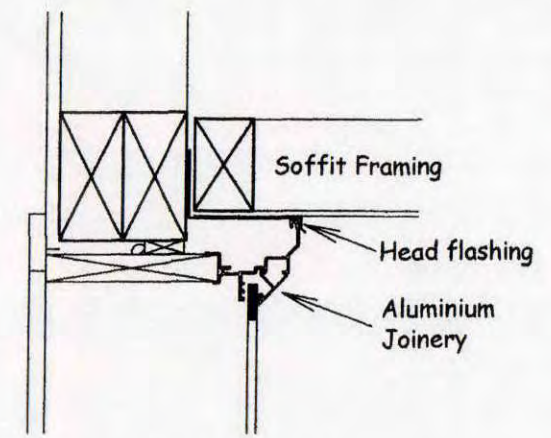
SITE & DRAINAGE PLAN	
DROUGHT RESIDENCE	
Lot 2 of DP334063	
Manawapou Rd	
Hawera	
File ref	
DATE	4/12/04
SCALE	1 : 200
DRAWING NUMBER	
SHEET	



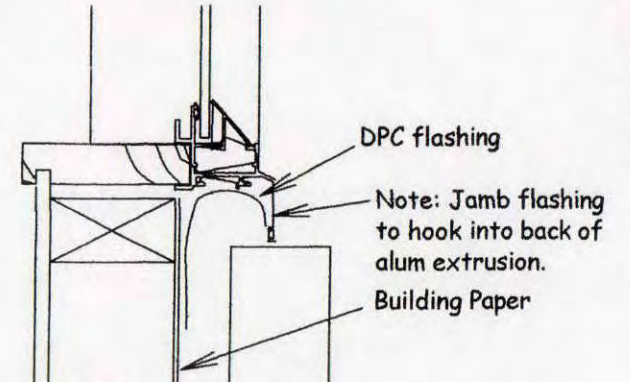
SECTION A



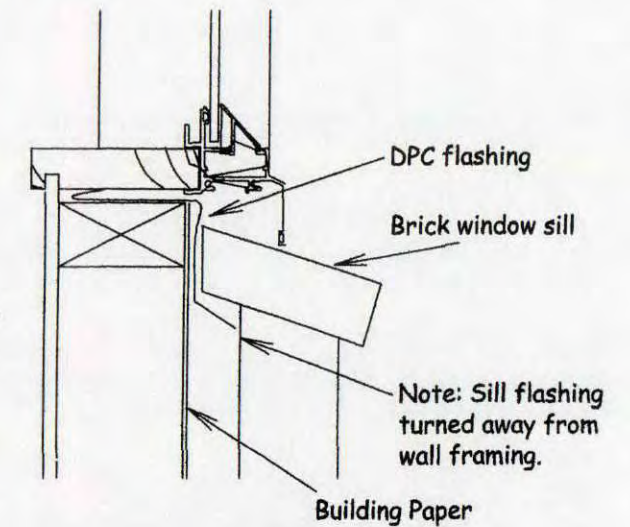
SECTION B



HEAD FLASHING



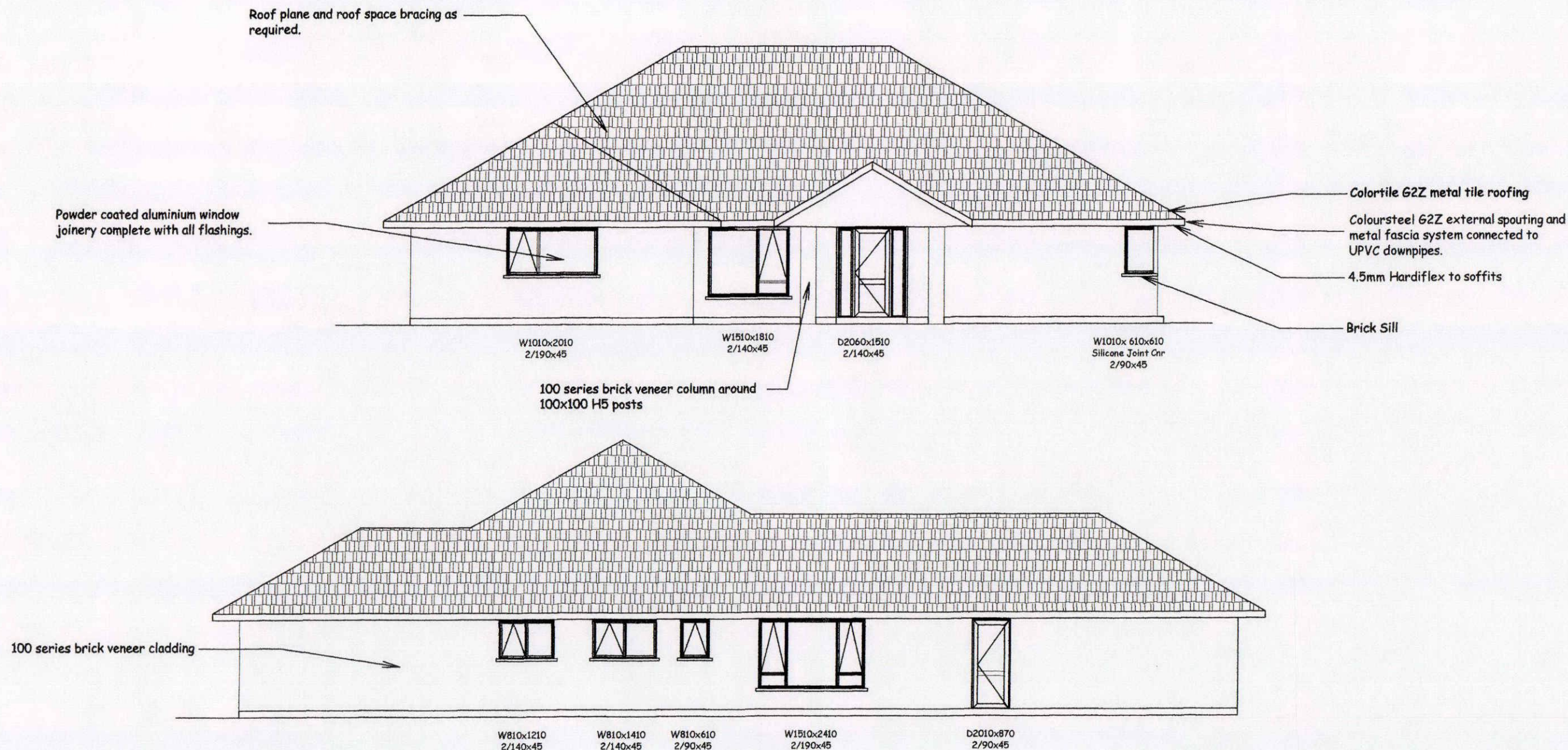
JAMB FLASHING (Brick)



SILL FLASHING (Brick)

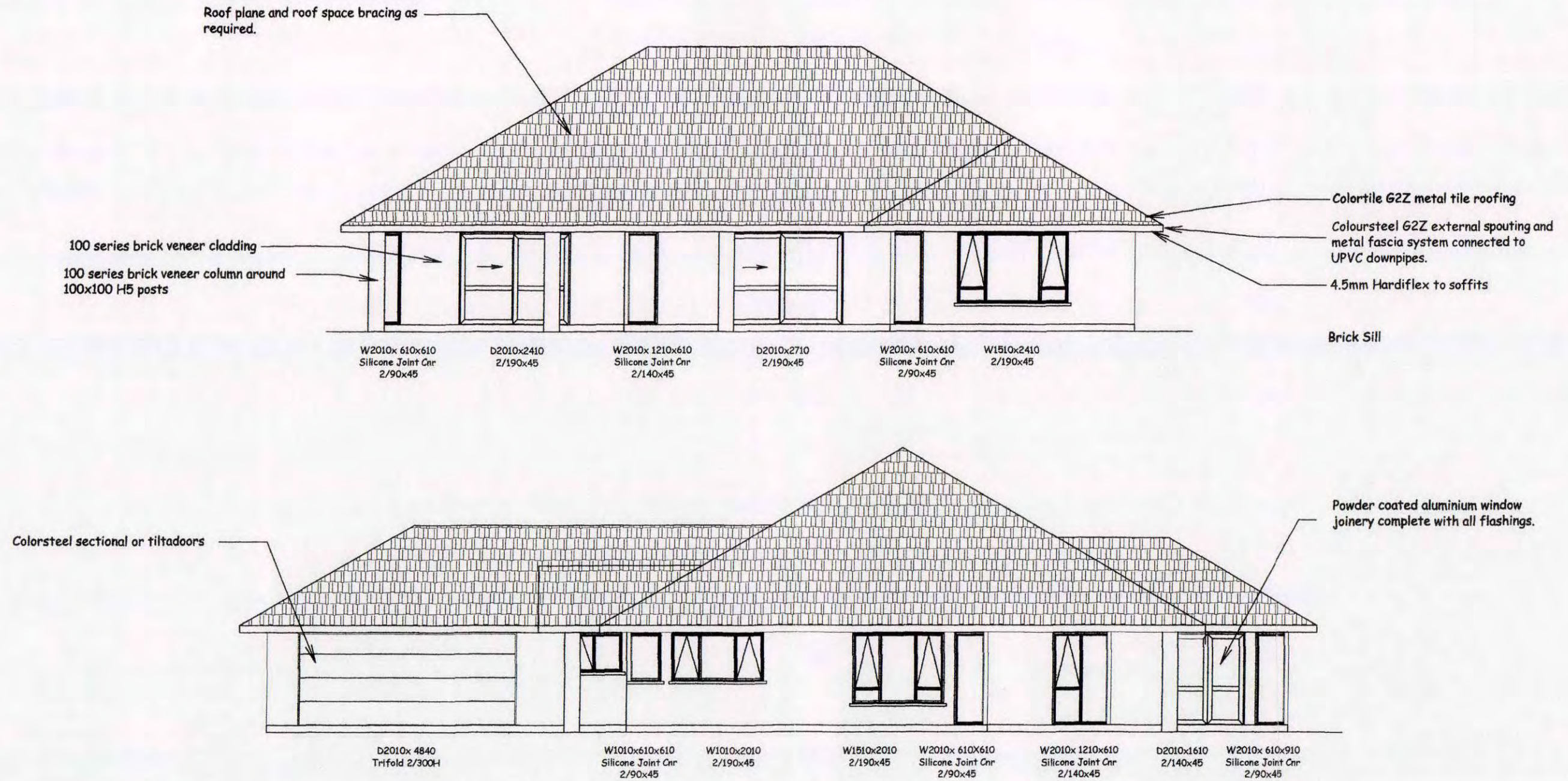
It is the contractors responsibility to verify all dimensions on site.
All work is to comply with the acceptable solutions of to New Zealand Building Code.
All work to comply with NZS 3604: 1999

SECTIONS A & B	
DROUGHT RESIDENCE	File ref
Lot 2 of DP334063	DATE 4/12/04
Manawapou Rd	SCALE 1 : 25
Hawera	DRAWING NUMBER
	SHEET



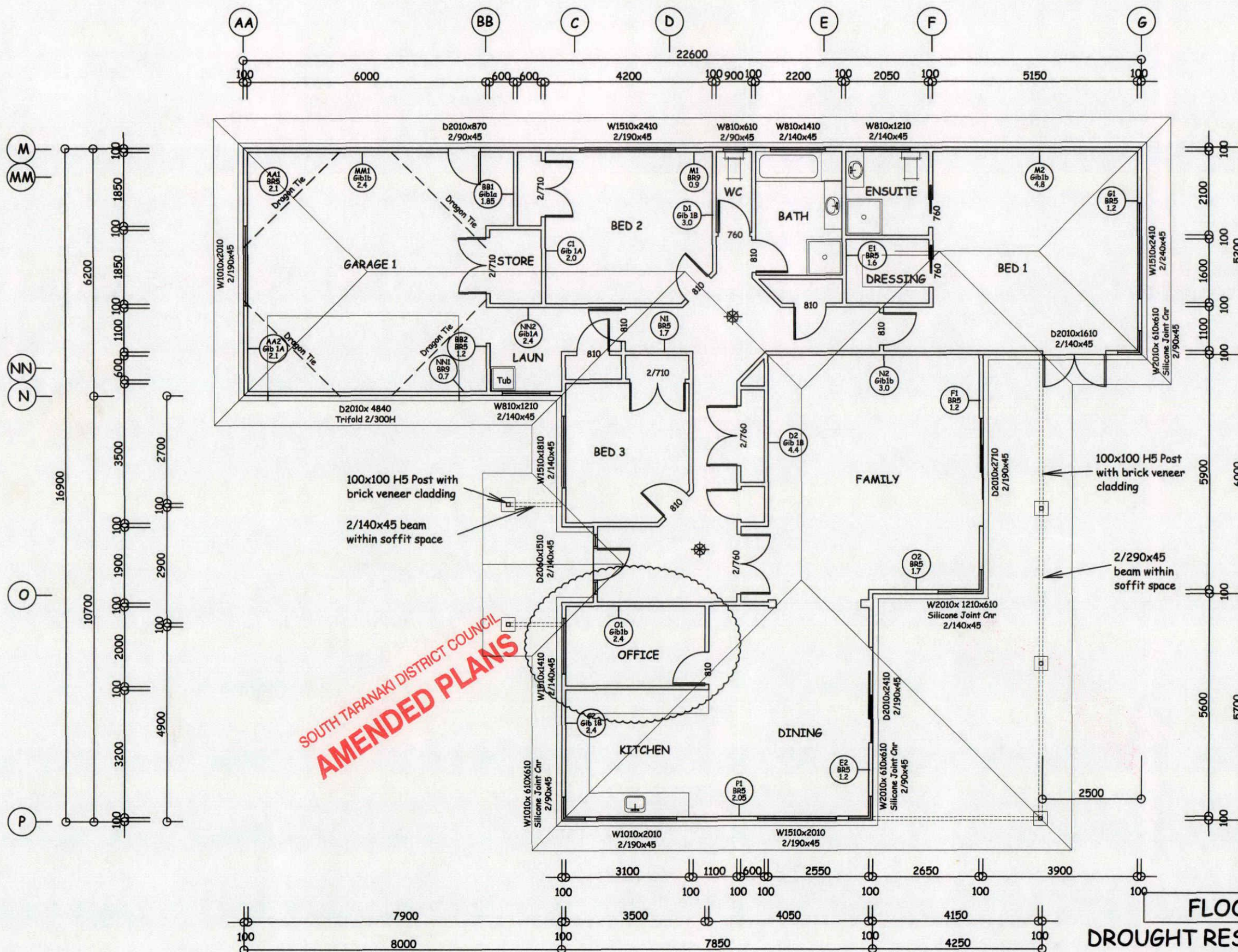
It is the contractors responsibility to verify all dimensions on site.
All work is to comply with the acceptable solutions of to New Zealand Building Code.
All work to comply with NZS 3604: 1999

ELEVATIONS	
DROUGHT RESIDENCE Lot 2 of DP334063 Manawapou Rd Hawera	File ref
	DATE 4/12/04
	SCALE 1 : 100
	DRAWING NUMBER
	SHEET



It is the contractors responsibility to verify all dimensions on site.
All work is to comply with the acceptable solutions of to New Zealand Building Code.
All work to comply with NZS 3604: 1999

ELEVATIONS	
DROUGHT RESIDENCE	File ref
Lot 2 of DP334063	DATE 4/12/04
Manawapou Rd	SCALE 1 : 100
Hawera	DRAWING NUMBER
	SHEET



SOUTH TARANAKI DISTRICT COUNCIL
AMENDED PLANS

NOTE
The bracing types as scheduled shall be fixed as specified in the Winstone Wallboards Ltd Gib-board Bracing Systems Manual dated August 1999 and the Construction Plywood Bracing System Manual dated April 1992.

AREA - 232.3m²
(over wall framing)
242.7m² (over brick)

ROOF - 30 deg pitch
750mm Overhang

⊗ - Ceiling mounted battery operated smoke detectors

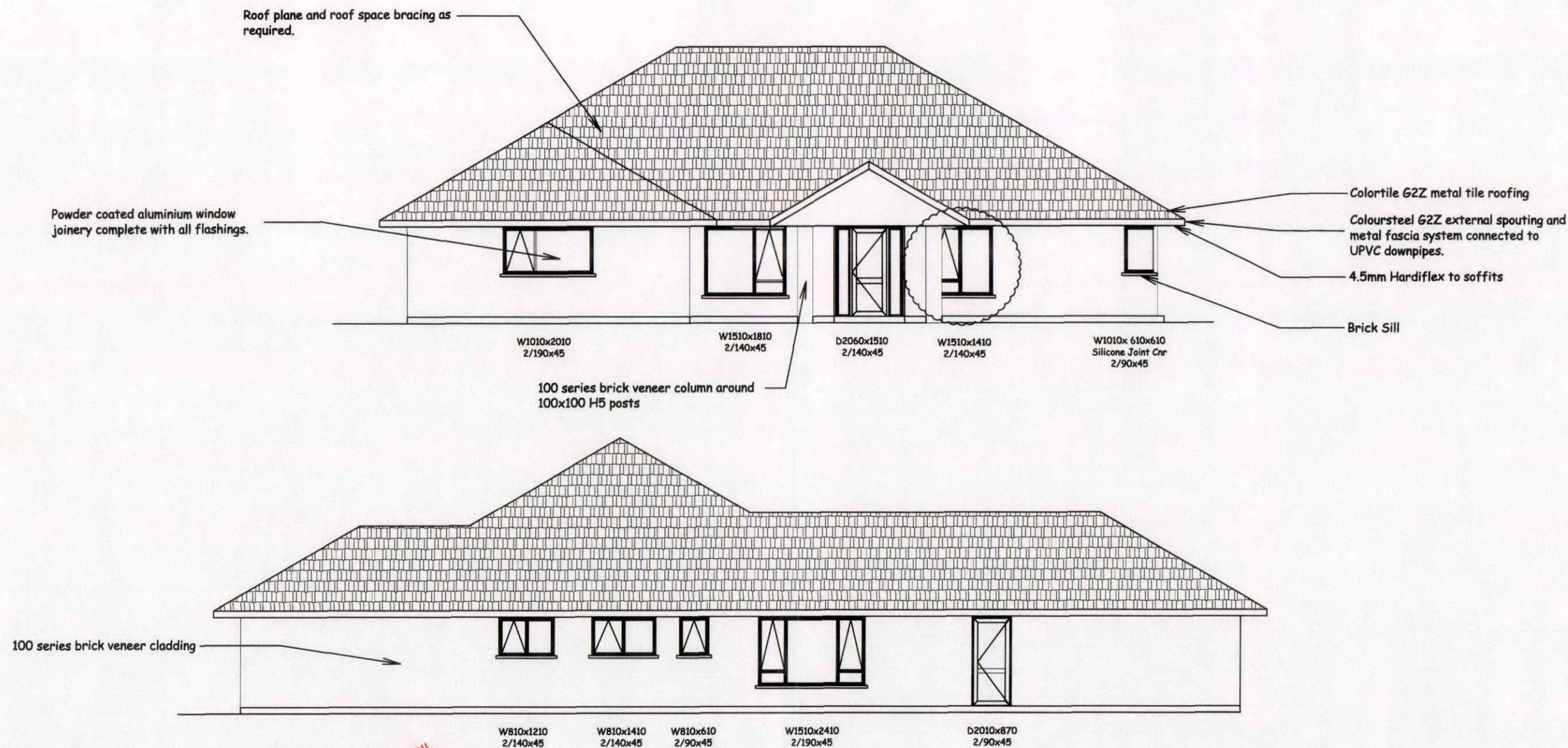
Note:
A smoke detector must be fitted within 3m of all bedroom doorways.
(2no. total fitted to house)

It is the contractors responsibility to verify all dimensions on site.
All work is to comply with the acceptable solutions of to New Zealand Building Code. All work to comply with NZS 3604: 1999

FLOOR PLAN
DROUGHT RESIDENCE
Lot 2 of DP334063
Manawapou Rd
Hawera

Revisions:
REV A 8-3-05
Office and window added adjacent to kitchen

File ref	
DATE	8/3/05
SCALE	1 : 100
DRAWING NUMBER	
SHEET	REV A



SOUTH TARANAKI DISTRICT COUNCIL
AMENDED PLANS

It is the contractors responsibility to verify all dimensions on site.
All work is to comply with the acceptable solutions of to New Zealand Building Code.
All work to comply with NZS 3604: 1999

ELEVATIONS	
DROUGHT RESIDENCE	
Lot 2 of DP334063	
Manawapou Rd	
Hawera	
File ref	
DATE	8/3/05
SCALE	1 : 100
DRAWING NUMBER	
SHEET	REV A

Revisions:
REV A 8-3-05
Office and window added adjacent to kitchen

BUILDING CONSENT PROCESSING SHEET

DATE	ACTIVITY	OFF	HRS	AMT	DATL		INSP REQ	INSP COM	HRS	AMT
7/12	Admin. J.F. 25 15-50					SITE	/	/		
24/12	1 hr					FOOTING	/	/		
						FLASHINGS	/	/		
						FOUNDATION WALLS	/	/		
						CONCRETE FLOOR SLAB	/	/		
						TIMBER SUBFLOOR	/	/		
						CONCRETE BRICKWORK BLOCKWORK	/	/		
						PRELINE - INSULATION/ MOISTURE/STRUCTURE	/	/		
						BRACING PANEL CHECK PRIOR TO DECORATING	/	/		
						PRELINE - PLUMBING PIPEWORK	/	/		
						DRAINAGE	/	/		
						FIRES FREESTANDING/ INBUILT	/	/		
						FIRE CODES	/	/		
						COMPLETION BUILDING/ PLUMBING	/	/		
						VEHICLE CROSSING CHECK	/	/		
						EXTERIOR COATINGS	/	/		
						TOTAL SUB TOTALS				
						AMOUNT PAID				
						REFUND/PAY				



PROC

FEES (INCLUSIVE OF G.S.T.)

ADMINISTRATION COMPONENT	\$ 50-00
PIM FEE	\$
BRANZ LEVY	\$ 240-00
DAMAGE DEPOSIT	\$
CODE COMPLIANCE CERTIFICATE	\$ 60-00
RESIDENTIAL INSPECTIONS	\$ 195-
ING COSTS	\$ 141-
VEHICLE CROSSING CHECK	\$
COMMERCIAL/INDUSTRIAL INSPEC.	\$
UTILITY CHECK	\$
STRUCTURAL CHECK	\$
PHOTOCOPYING	\$
WATER CONNECTION	\$
SEWER CONNECTION	\$
BIA LEVY	\$ 156-00
INITIAL CASH RECEIVED	\$ 150-00

RECEIPT NO: R 748796
DATE 07/12/04

RECEIPT NO: R
DATE

RECEIPT NO: R
DATE

RECEIPT NO: R
DATE

INVOICE ☒
LETTER ☐
PIM ☐
CONSENT ☐
CCC ☒
NTR ☐

P/N 1000907

OWNER: G. Mogg
SITE ADDRESS: 40 Manawapou Rd,
Mawera
BUILDER: G. Mogg
DESCRIPTION OF PROPOSED WORK: new dwg.

VALUATION NO: 12270/721/06

VALUE OF WORK \$ 240,000-00

KIWI NO: RAPID NO:

QUALITY CONTROL COMPLETED

CONSENTS OFFICER

APPLICATION NO: BC.041080.

OWNER: G. Mogg

OFFICER'S NAME

HENRY

(BLG) /

BLPIX

(PLNG)

BUILDING:

Sandwich (Cobalt)

*Acc 1-G 2 BC 34 Fx FL
39 La P D
Smk HW W N2*

NOT APPROVED

DATE

APPROVED *[Signature]*

DATE *10/1/05*

VEHICLE CROSSING:

NEW CROSSING REQUIRED

YES/NO

FEE PAYABLE \$

TYPE

INSPECTION FEE

YES/NO

FEE PAYABLE \$

NOT APPROVED

DATE

APPROVED *[Signature]*

DATE *24/12/04*

BUILDING:

HAZARDOUS SECTION ☐

(Checked against the requirements of Section 31 of the Building Act 1991)

CHECKED AGAINST STDC REGISTER ☐

CHECKED AGAINST TRC REGISTER ☐

Signature

Date

QUALITY CONTROL CHECK LIST

B1 Structure	<input checked="" type="checkbox"/> Site area of building <input checked="" type="checkbox"/> Footings <input checked="" type="checkbox"/> Reinforcing <input checked="" type="checkbox"/> DPM <input checked="" type="checkbox"/> Floor slabs <input checked="" type="checkbox"/> Holding down bolts <input checked="" type="checkbox"/> Pile spacings under floor access	<input checked="" type="checkbox"/> Subfloor framing <input checked="" type="checkbox"/> Framing general <input checked="" type="checkbox"/> Lintel sizes <input checked="" type="checkbox"/> Roof framing <input checked="" type="checkbox"/> Truss spacing and fixing <input checked="" type="checkbox"/> Bracing <input checked="" type="checkbox"/> Roof bracing
B2 Durability	<input checked="" type="checkbox"/> All above <input checked="" type="checkbox"/> External joinery <input checked="" type="checkbox"/> External cladding	<input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Fixtures and fittings
C1 Outbreak of fire	<input checked="" type="checkbox"/> Fire installations <input checked="" type="checkbox"/> Solid fuel appliances	<input checked="" type="checkbox"/> Gas appliances
C2 Means of escape	<input checked="" type="checkbox"/> Stairs <input checked="" type="checkbox"/> Corridors <input checked="" type="checkbox"/> Travel distances	<input checked="" type="checkbox"/> Fire safety systems <input checked="" type="checkbox"/> Number of occupants <input checked="" type="checkbox"/> Exit ways
C4 Structural stability	<input checked="" type="checkbox"/> Footings <input checked="" type="checkbox"/> Subfloor <input checked="" type="checkbox"/> Framing <input checked="" type="checkbox"/> Framing general	<input checked="" type="checkbox"/> Lintels <input checked="" type="checkbox"/> Roof fixing and framing <input checked="" type="checkbox"/> Bracing
C3 Spread of fire	<input checked="" type="checkbox"/> Fire walls <input checked="" type="checkbox"/> Occupants to have time to escape	<input checked="" type="checkbox"/> Fire filters to undertake rescue apps
D1 Access routes	<input checked="" type="checkbox"/> Disabled access <input checked="" type="checkbox"/> Stairwells	<input checked="" type="checkbox"/> Corridors
D2 Mechanical installations for access	<input checked="" type="checkbox"/> Lifts	<input checked="" type="checkbox"/> Escalators
E1 Surface Moisture	<input checked="" type="checkbox"/> Floor slabs above ground level	<input checked="" type="checkbox"/> Site stormwater disposal
E2 External Moisture	<input checked="" type="checkbox"/> Ventilation under house <input checked="" type="checkbox"/> Foil floor insulation <input checked="" type="checkbox"/> DPM <input checked="" type="checkbox"/> Building paper	<input checked="" type="checkbox"/> External joinery <input checked="" type="checkbox"/> External claddings (floors/walls) <input checked="" type="checkbox"/> Drainage
E3 Internal Moisture	<input checked="" type="checkbox"/> Wall linings	<input checked="" type="checkbox"/> Floor coverings and membranes
F1 Hazardous agents on site	<input checked="" type="checkbox"/> Dangerous goods, stores etc	
F2 Hazardous building material	<input checked="" type="checkbox"/> Site	<input checked="" type="checkbox"/> Asbestos etc.
F3 Hazardous substances and processes	<input checked="" type="checkbox"/> Paint shops	<input checked="" type="checkbox"/> Spray painters etc.
F4 Safety from falling	<input checked="" type="checkbox"/> Floor slabs <input checked="" type="checkbox"/> Window heights	<input checked="" type="checkbox"/> Balustrades <input checked="" type="checkbox"/> Disabled access
F5 Construction and demolition hazards	<input checked="" type="checkbox"/> Site area of building	<input checked="" type="checkbox"/> Safe practices
F6 Lighting for emergency	<input checked="" type="checkbox"/> Public buildings <input checked="" type="checkbox"/> Rest homes	<input checked="" type="checkbox"/> Hospitals etc.
F7 Warning systems	<input checked="" type="checkbox"/> Public buildings <input checked="" type="checkbox"/> Rest homes	<input checked="" type="checkbox"/> Hospitals etc. <input checked="" type="checkbox"/> Domestic Dwellings

QUALITY CONTROL CHECK LIST – continued

G1 Personal Hygiene	<input type="checkbox"/> Water temperature <input checked="" type="checkbox"/> Sanitary fixtures and fittings	<input type="checkbox"/> Floor surfaces (disabled access)
G2 Laundry facilities	<input type="checkbox"/> As required by regulations	
G3 Good preparation and prevention of contamination	<input type="checkbox"/> Surfaces used <input type="checkbox"/> Water temperatures <input type="checkbox"/> Availability of water	<input type="checkbox"/> Safeguard food from contamination <input type="checkbox"/> WHB/sinks in kitchens etc.
G4 Ventilation	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Manual (opening windows)
G5 Interior Environment	<input type="checkbox"/> Insulation <input checked="" type="checkbox"/> Heating	<input type="checkbox"/> Ventilation <input type="checkbox"/> Linings
G6 Airborne and sand impact	<input type="checkbox"/> Industrial areas <input type="checkbox"/> Residential close to industrial	<input type="checkbox"/> Isolation of tenancies
G7 Natural light	<input type="checkbox"/> External joinery <input type="checkbox"/> Light wells	<input type="checkbox"/> Windows etc.
G8 Artificial light	<input type="checkbox"/> Lux at floor level throughout building	<input type="checkbox"/> Energy lighting
G9 Electricity	<input type="checkbox"/> Electrical energy certificate	
G10 Piped services	<input checked="" type="checkbox"/> Piping plumb out	<input type="checkbox"/> Gas pipe out
G11 Gas as an energy source	<input type="checkbox"/> Ventilation available <input type="checkbox"/> Isolation valves safe	<input type="checkbox"/> Gas pressures
G12 Water Supplies	<input type="checkbox"/> Safety of potable water <input type="checkbox"/> Water temperatures	<input type="checkbox"/> Pipe out of building <input type="checkbox"/> Valving to be used
G13 Foul water	<input type="checkbox"/> Disposed to reticulated disposal	<input type="checkbox"/> Disposed via onsite disposal
G14 Industrial hazardous waste	<input checked="" type="checkbox"/> Disposal of	
G15 Solid waste	<input checked="" type="checkbox"/> Disposal of	
H1 Energy efficiency	<input type="checkbox"/> Insulation <input type="checkbox"/> Glazing etc (% of glass per wall area)	
Compliance schedule	Is compliance schedule required? If yes application/information to be sent with building consent.	

YES/NO

Consents Officer

Date

HERITAGE STATUS CHECK



Officer Initials