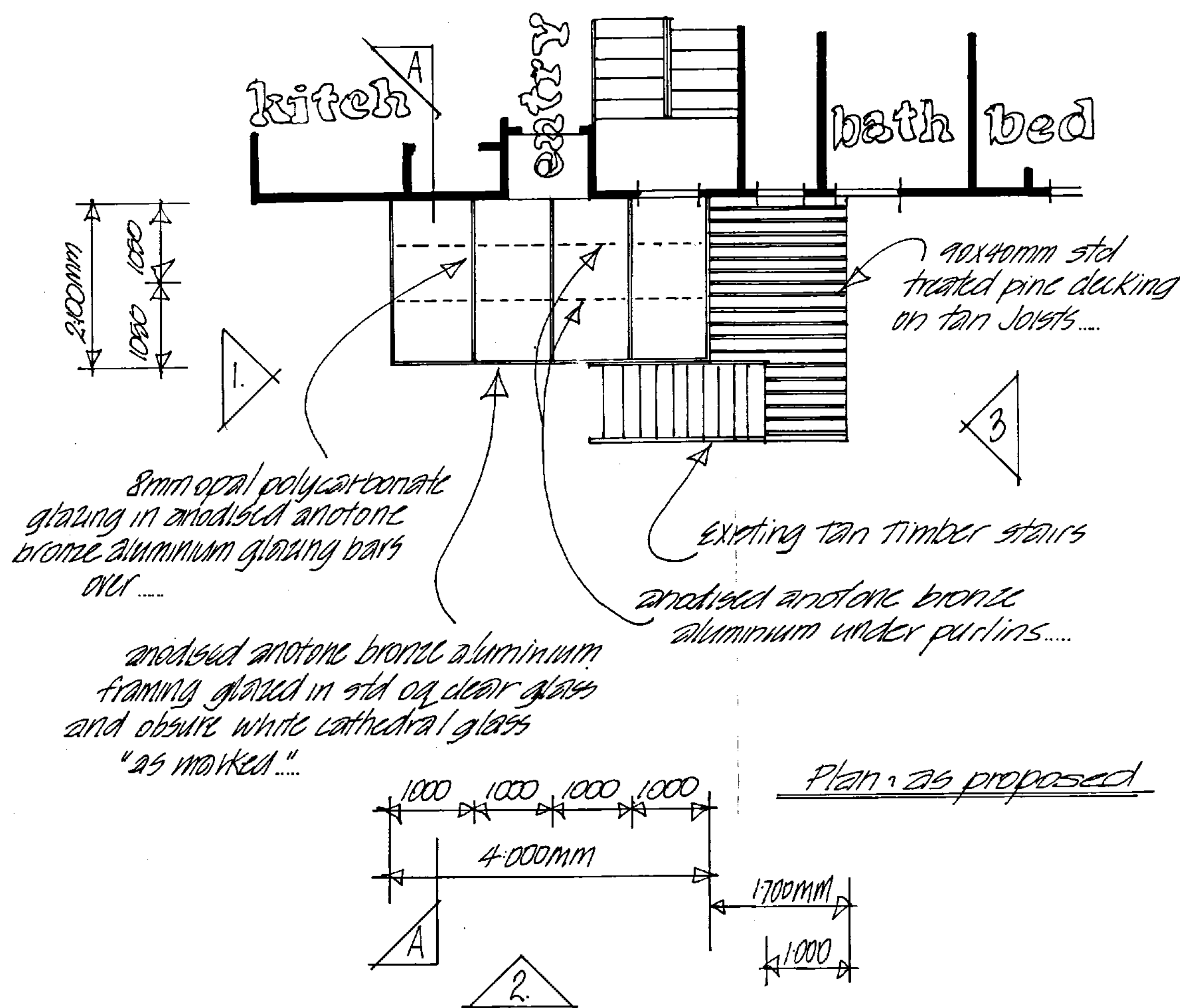


Contractor to verify all dimensions on site....

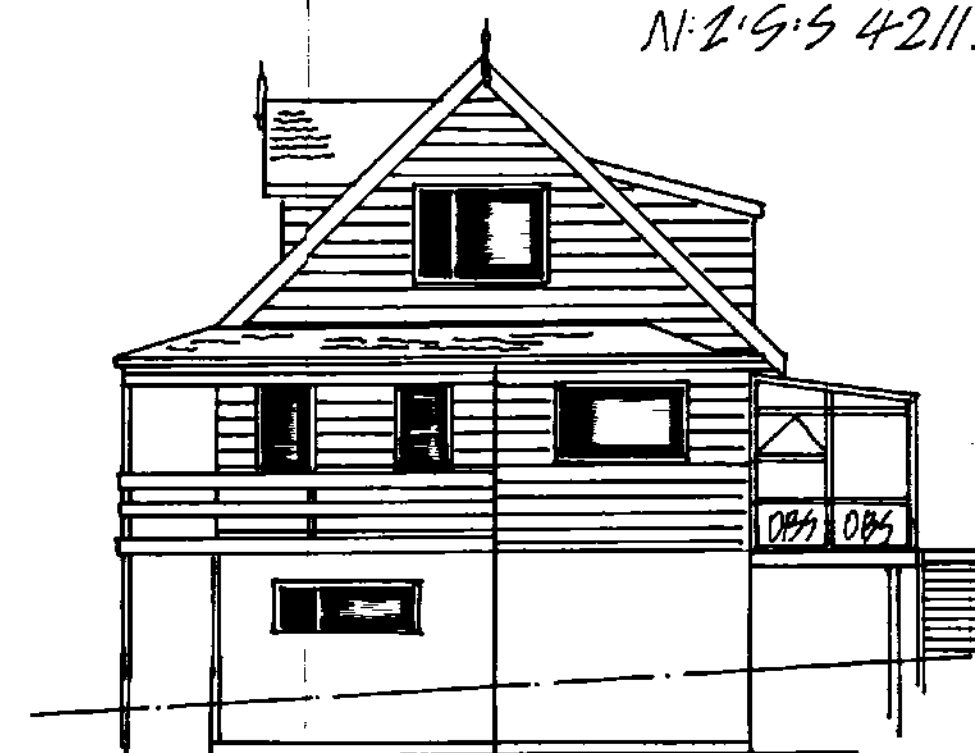


### Glazing:

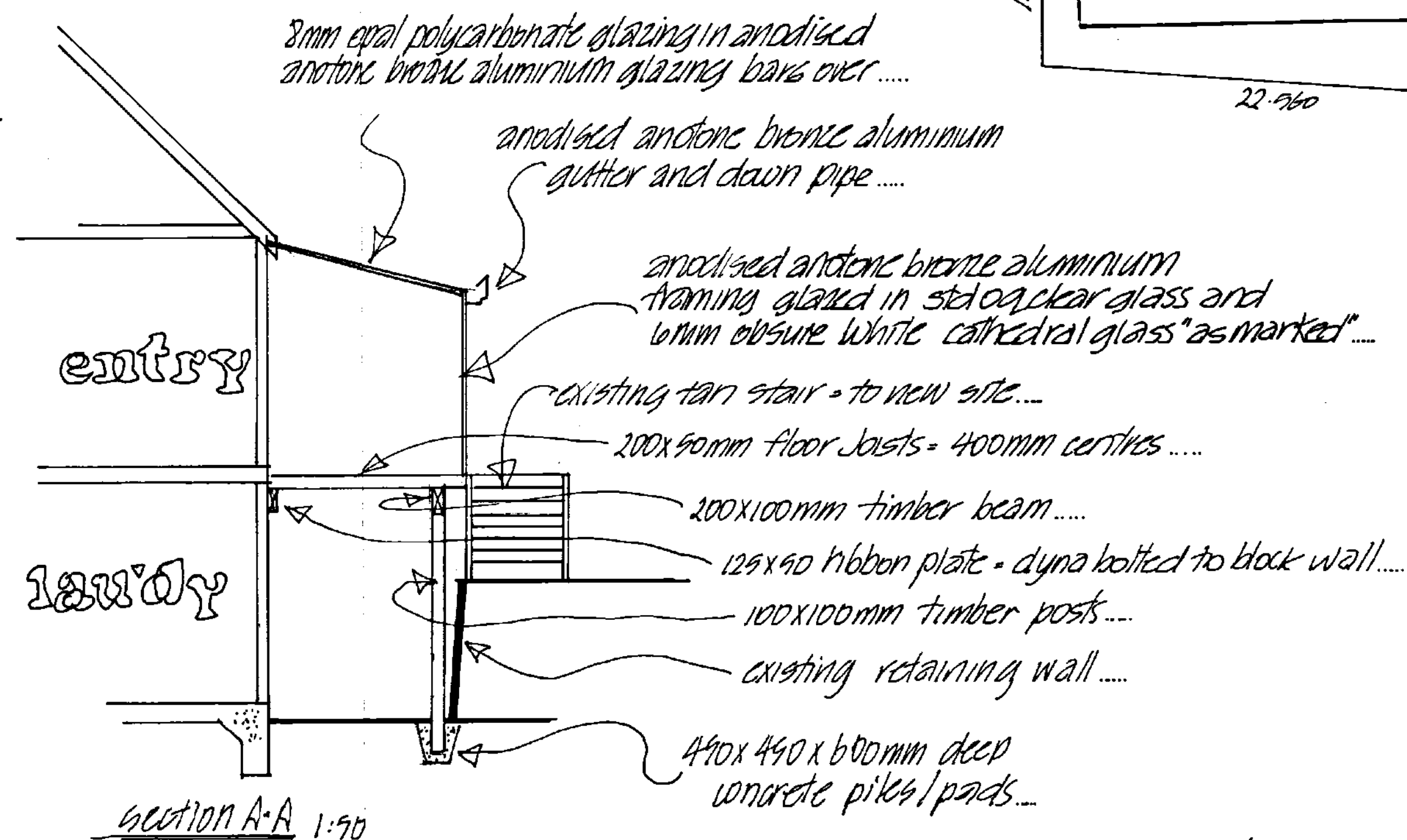
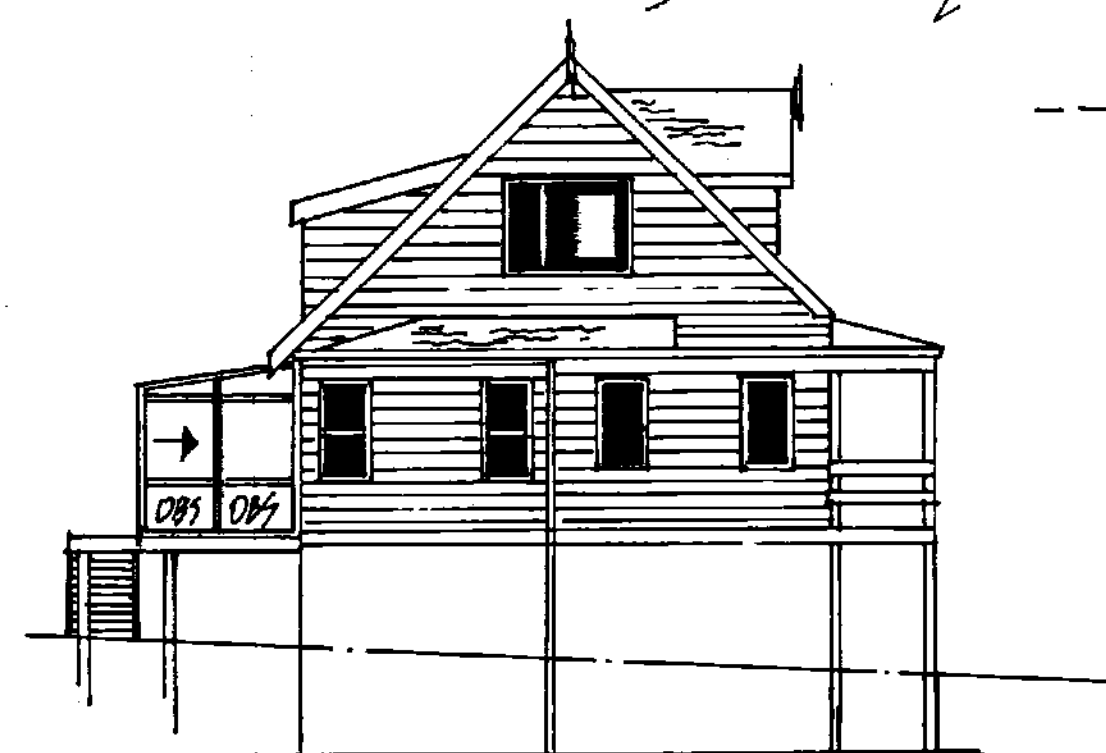
shall be std op clear glass and obscure 6mm white cathedral glass "as marked" to comply with the requirements of N.Z.S.S 2299....

### General:

frames and panels shall be constructed to meet the performance requirements of N.Z.S.S 4211....

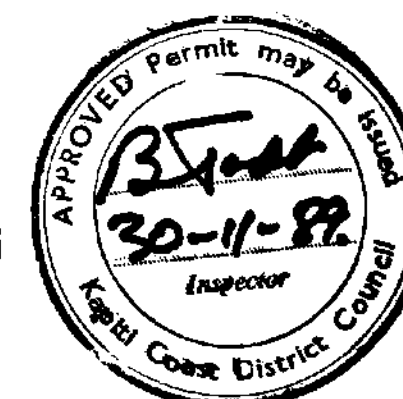
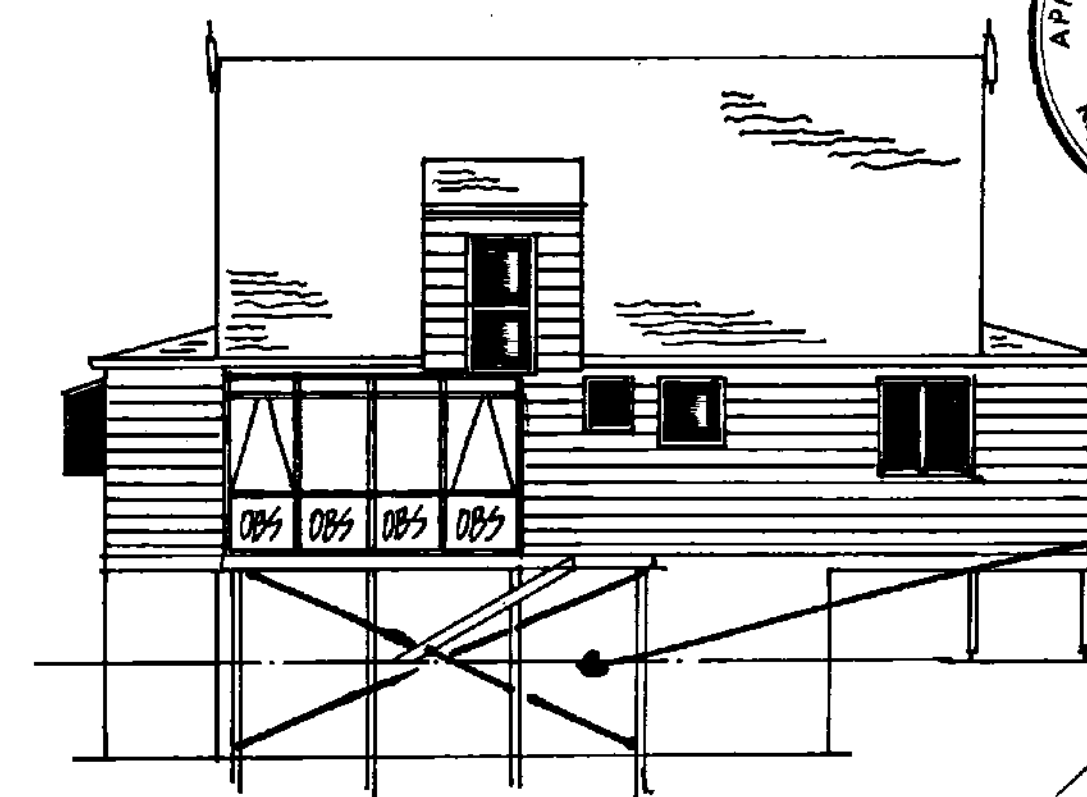


I/we have read (and understand the plans and confirm all details are correct and in accordance with my/our requirements....

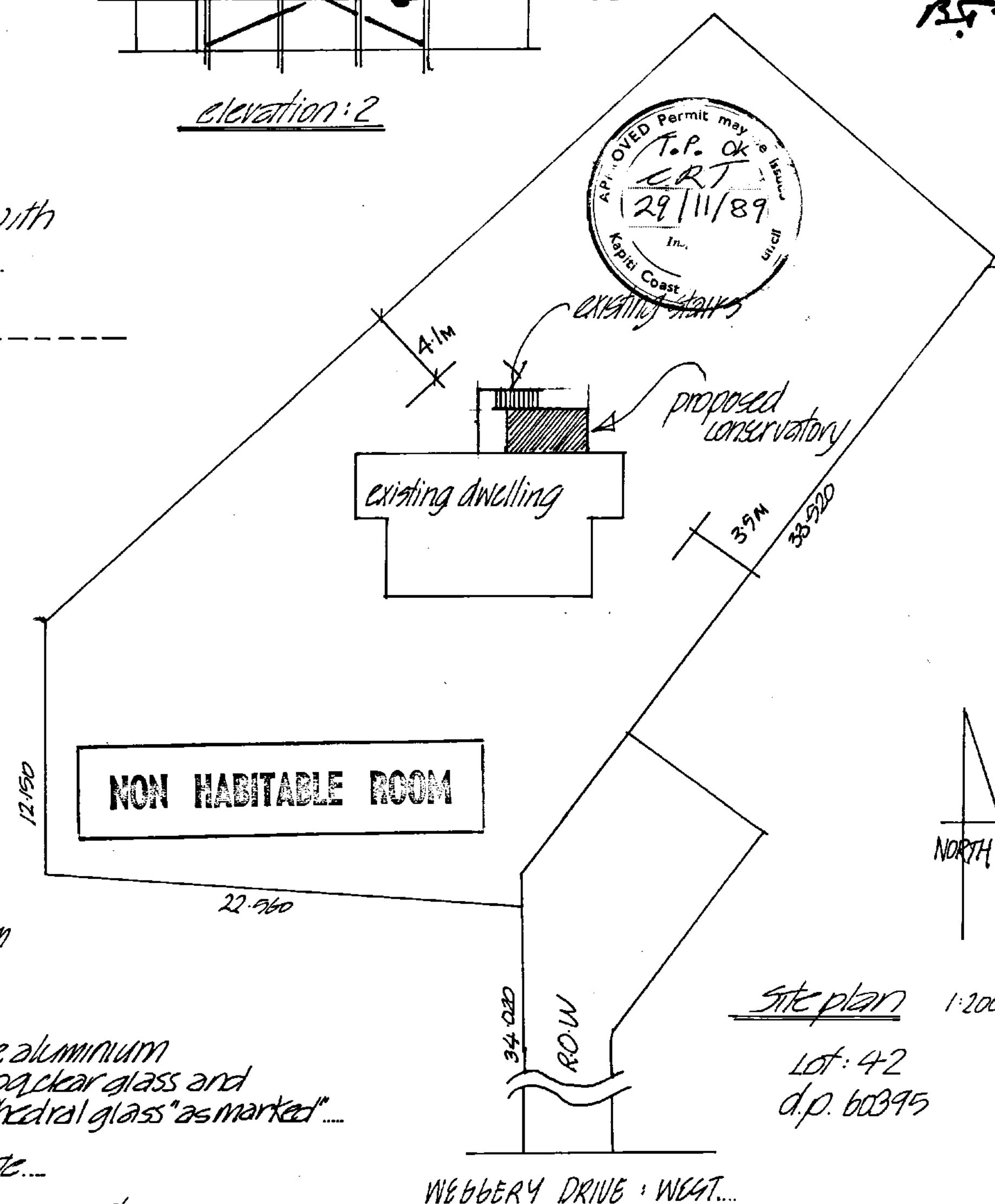


### Framing:

shall be anodised anotone bronze aluminium to comply with the requirements of N.Z.S.S 3903....



100175 bracing in full cross-section (- bolted or plated) B.S.

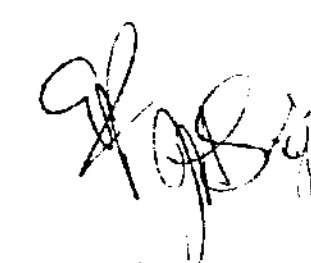


5 Ihakara St, P.O. Box 40, Paraparaumu  
Telephones 88-587 Paraparaumu 736-226 Wellington  
Facsimile (056) 68-169 Paraparaumu, N.Z.

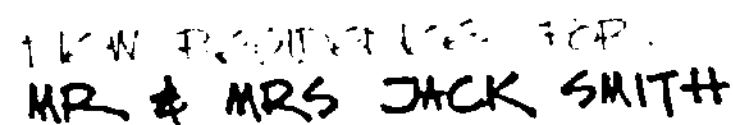
ITEM	DESCRIPTION	REQ'D	MATERIAL	REMARKS
1	PROPOSED CONSERVATORY FOR MR & MRS J.D. SMITH	SCALE	PASSED	DATE
2	137 WEBBERY DRIVE - WEST	1:50 1:100 1:200		31-10-89
3	W.R. HANNA	DRAWN	TRACED	DRAWING NUMBER
4		CHECKED		



BT



**BASEMENT PLAN**



Drawn Revised Scale Date	551  1/50 10/1/51	Page  B	Sunstructure Homes Ltd. Ihakara Street, P.O. Box 357, Paraparaumu Telephone 87-763 or 70-217
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# CODE COMPLIANCE CERTIFICATE

Section 95 Building Act 2004

Consent No: 160621



The Building			
Street address of building:	137 Weggery Drive, Waikanae Beach Residential Dwelling	Building name:	
Current, Lawfully established, use:		Location of building within site/block number:	Refer site plan
Level/unit number:		Intended life of the building if 50 years or less:	
		Year first constructed:	
Legal description of land where building is located:	LOT 42 DP 60395 -SUBJ TO & INT IN VARIOUS EASEMENTS-		
The Owner			
Name of owner:	Jenkins Andrew John & Enoka Sara Teremoana	Street address /registered office:	
Contact person:	Judith Wadsworth	Phone numbers:	
Mailing address:	137 Weggery Drive Waikanae Beach Waikanae 5036	Landline:	
		Mobile:	027 087 7415
		Daytime:	
Email address:	judewadsworth2004@yahoo.co.nz	After hours:	027 555 5604
Website:		Facsimile number:	
First point of contact for communications with the Kapiti Coast District Council:			
Full Name: Versatile Buildings Mailing Address: PO Box 54060, Mana 5247 Phones:: 027 482 7029: 04 233 9528 Fax: 04 233 9827 Email: craigs@versatile-wgn.co.nz			
Building Work			
Building Consent No:	160621	Issued by:	Kapiti Coast District Council
Project Description:	New two bedroom sleepout.		

## Code Compliance

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

- (a) the building work complies with the building consent.

Russell Brook – Team Leader – Site Inspections

On behalf of **Kapiti Coast District Council**

Date: 24 January 2017





## Statement of Compliance with the NZ Building Code

Consent No: 160621

ISSUED BY: **Kapiti Coast District Council**

### PROJECT

Site Address: 137 Weggery Drive, Waikanae Beach  
Legal Description: LOT 42 DP 60395 -SUBJ TO & INT INVARIIOUS EASEMENTS-  
Work Description: New two bedroom sleepout.  
Building Category: R1

### OWNER

Name(s): A Jenkins, S Enoka & J Wadsworth  
Address: 137 Weggery Drive, Waikanae

- [ P ] Application for CCC received and accepted
- [ P ] Confirm all required inspections completed and documented in GoGet
- [NA] If inspection(s) have been missed, have they been compensated for?
- [NA] If supervision was required for any inspection - did it occur?
- [ P ] Work in accordance with approved consent and approved amendments
- [NA] Have any notices to fix been uplifted?
- [ P ] Supporting documentation required in building consent addenda received
- [ P ] Quality assurance documentation
- [ P ] Restricted building work
- [NA] Additional information required and received
- [NA] Compliance schedule issued
- [NA] Earthquake prone building
- [NA] Swimming Pool details updated
- [ P ] Approve to issue Code Compliance Certificate if all fees paid
- [NA] Approve to issue Certificate for Public Use if all fees paid
- [NA] Approve to issue Certificate of Acceptance if all fees paid
- [NA] Supervision review

#### NOTES:

Inspections Prepaid:

Inspections Done:

#### LICENSED BUILDING PRACTITIONERS:

Designer 2	BP108601
Carpentry 1	BP120031
Carpentry 2	BP128362

PTO



---

On review of the documentation and inspection notes it can be considered on reasonable grounds that all work has been completed in compliance with the building consent.

Signed:

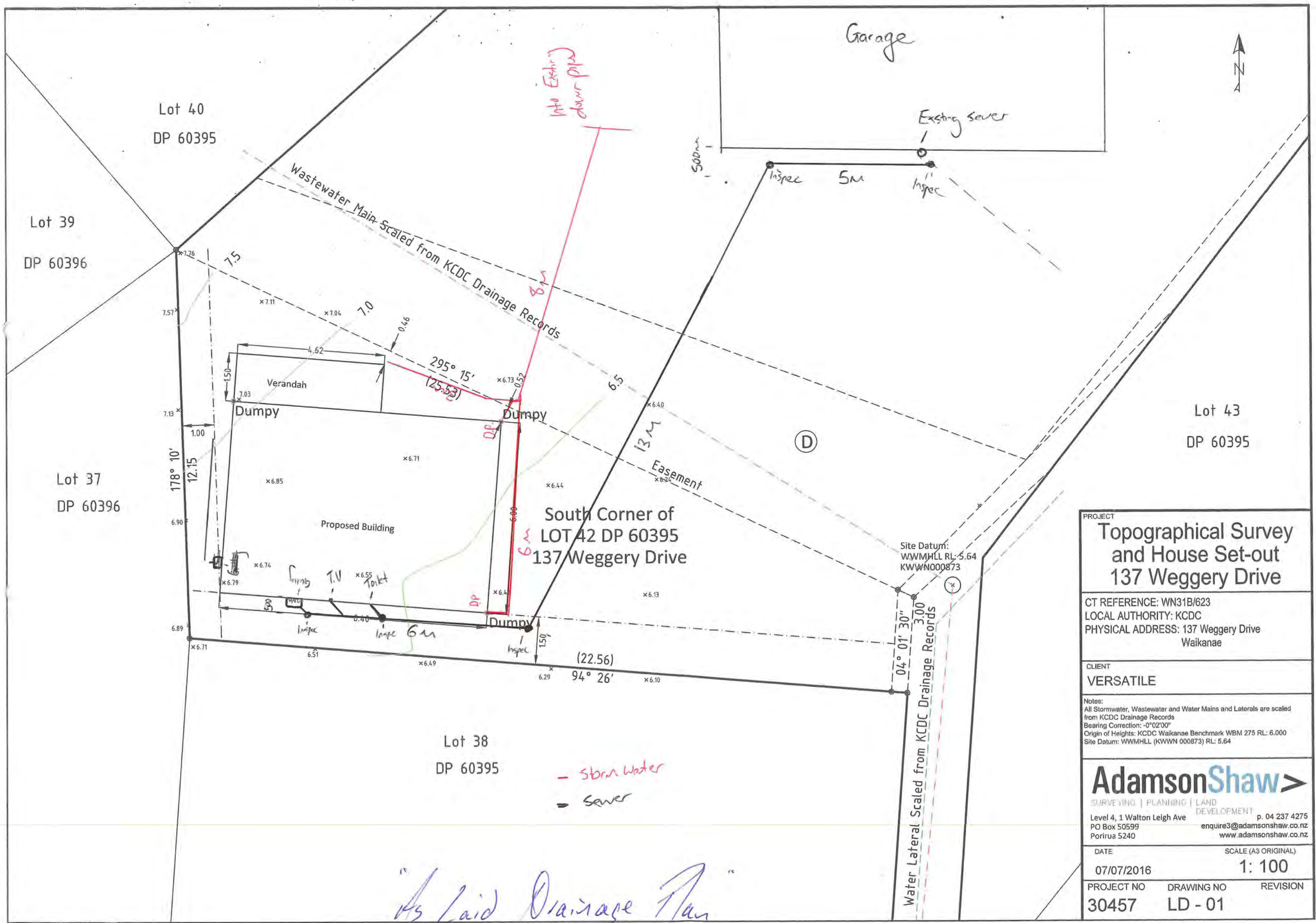
Name: Russell Brook

Position: Building Officer

A handwritten signature in blue ink, appearing to read 'R Brook', is written over the printed name.

Date: 24 January 2017





<b>PROJECT</b> <b>Topographical Survey and House Set-out</b> <b>137 Weggery Drive</b>		
CT REFERENCE: WN31B/623 LOCAL AUTHORITY: KCDC PHYSICAL ADDRESS: 137 Weggery Drive Waikanae		
<b>CLIENT</b> <b>VERSATILE</b>		
<small>Notes:</small> All Stormwater, Wastewater and Water Mains and Laterals are scaled from KCDC Drainage Records Bearing Correction: -0°02'00" Origin of Heights: KCDC Waikanae Benchmark WBM 275 RL: 6.000 Site Datum: WWMHLL (KWWN 000873) RL: 5.64		
<b>AdamsonShaw</b> > <small>SURVEYING   PLANNING   LAND DEVELOPMENT</small>		
<small>Level 4, 1 Walton Leigh Ave PO Box 50599 Porirua 5240</small> <small>p. 04 237 4275 enquire3@adamsonshaw.co.nz www.adamsonshaw.co.nz</small>		
<b>DATE</b> 07/07/2016	<b>SCALE (A3 ORIGINAL)</b> <b>1: 100</b>	
<b>PROJECT NO</b> 30457	<b>DRAWING NO</b> LD - 01	<b>REVISION</b>



Versatile Buildings  
PO Box 54060  
Mana 5247

24 August 2016

Dear Building Consent Applicant / Building Owner

**Approval of Building Consent: 160621**

**Location:** 137 Weggery Drive, Waikanae Beach  
**Legal Description:** LOT 42 DP 60395 -SUBJ TO & INT IN VARIOUS EASEMENTS-  
**Description:** New two bedroom sleepout.

I am pleased to inform you that the above building consent application has been approved. The building consent documents have been issued and are enclosed.

**Before starting any work please read ALL the building consent documents carefully and in full so that you as the owner understand the conditions under which the consent has been issued.**

As the owner you are also responsible for the following:

- ensuring that building work starts within 12 months of the approval of the building consent and that work progresses at a reasonable pace.
- ensuring that all required inspections are completed and that a Code Compliance Certificate is obtained once the work has been completed – please be aware that before a Code Compliance Certificate is issued, the building work must comply with the Building Act 2004 and the Building Code as at the date of Consent.
- that no work with noisy equipment is to be carried out before 7.30 a.m. or after 6 p.m. Monday to Saturday. During the week there may be workers on site from 6.30 a.m. quietly preparing for work. Work with noisy equipment is not permitted on Sundays and public holidays.
- ensuring that no damage occurs to public property, for example footpaths or retaining structures. Should damage occur you will be required to pay for any repairs.
- ensuring that if you wish to make any changes to the approved building consent, then an amendment to the building consent will need to be lodged with us.

If you have any questions regarding your building consent or your responsibilities, please contact Kapiti Coast District Council on (04) 296 4700.



**Building Consent**  
**160621**  
**Section 51, Building Act 2004**

**The building**

*Street address of building:* 137 Weggery Drive, Waikanae Beach  
*Legal description of land where building is located:* LOT 42 DP 60395 -SUBJ TO & INT IN  
VARIOUS EASEMENTS-  
*Valuation number:* 1492059830  
*Building name:*  
*Location of building within site/block number:* Refer site plan  
*Level/unit number:*

**The owner**

*Name of owner:* A Jenkins, S Enoka & J Wadsworth  
*Contact person:* Judith Wadsworth  
*Mailing address:* 137 Weggery Drive, Waikanae 5034  
*Street address/registered office:*  
*Email address:* judewadsworth2004@yahoo.co.nz  
*Website:*  
*Phone numbers:*  
*Landline:* *Mobile:* 027 087 7415  
*After hours:* 027 555 5604 *Fax number:*  
*First point of contact for communications with the council/building consent authority:*  
*Full Name:* Versatile Buildings  
*Mailing Address:* PO Box 54060, Mana 5247  
*Phones::* 027 482 7029: 04 233 9528  
*Fax:* 04 233 9827  
*Email:* craigs@versatile-wgn.co.nz

**Building work**

The following building work is authorised by this building consent:  
New two bedroom sleepout.

Sleepout



This building consent is issued under section 51 of the Building Act 2004. This building consent does not relieve the owner of the building (or proposed building) of any duty or responsibility under any other Act relating to or affecting the building (or proposed building). This building consent also does not permit the construction, alteration, demolition, or removal of the building (or proposed building) if that construction, alteration, demolition, or removal would be in breach of any other Act.

#### Build conditions

#### Compliance schedule

A compliance schedule is not required for the building.

#### Attachments

Copies of the following documents are attached to this building consent:

- Building Consent Addendum
- List of required inspections
- Plans and specifications

  
Signature

  
Position

On behalf of: KAPITI COAST DISTRICT COUNCIL

Date: 24/08/16



# Memorandum from licensed building practitioner: Record of building work

## Section 88, Building Act 2004

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

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

THE BUILDING	
Street address:	137 Weggery Drive.
Suburb:	Waikawa Beach
Town/City:	Waikawa.
Postcode:	

THE PROJECT	
Building consent number:	BC 160621.

THE OWNER(S)	
Name(s):	Versatile Wellington.
Mailing address:	
Suburb:	PO Box/Private Bag:
Town/City:	Postcode:
Phone number:	Email address:



# RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

## PRIMARY STRUCTURE

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Walls <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Columns and beams <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Bracing <input checked="" type="checkbox"/>	Fixed board to specs & as per bracing plan	<input type="radio"/> Carried out <input checked="" type="radio"/> Supervised
Other <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised



<b>ISSUED BY</b>	
Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name: <u>Harry Draper</u>	LBP number: <u>BP120031</u>
Class(es) licensed in: <u>Carpentry</u>	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below): <u>2/16a Ranfordy ST</u>	
Street address/Registered office:	
Suburb: <u>Trentham</u>	Town/City: <u>Upper Hutt</u>
PO Box/Private Bag	Postcode: <u>5018</u>
Phone number:	Mobile: <u>021920276</u>
After hours:	Fax:
Email address: <u>contracts@apex.co.nz</u>	Website:

<b>DECLARATION</b>	
I, <u>Harry Draper</u> carried out or supervised the restricted building work recorded on this form.	
Signature: <u>[Signature]</u>	
Date: <u>29/11/2016</u>	



# EXTERNAL MOISTURE MANAGEMENT SYSTEMS CONTINUUM

Wall cladding or wall cladding system	<input checked="" type="radio"/> <u>Versatice cladding</u>	<input checked="" type="radio"/> Carried out <input type="radio"/> Supervised
Waterproofing	<input type="radio"/>	<input type="radio"/> Carried out <input type="radio"/> Supervised
Other	<input type="radio"/>	<input type="radio"/> Carried out <input type="radio"/> Supervised

## ISSUED BY

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

Name: <u>Richard Ryan</u>	LBP number: <u>BP128362</u>
Class(es) licensed in: <u>Carpentry</u>	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below):	
Street address/Registered office: <u>22 Bell St</u>	
Suburb: <u>Tawa</u>	Town/City: <u>Wellington</u>
PO Box/Private Bag:	Postcode: <u>2058</u>
Phone number:	Mobile: <u>0274578738</u>
After hours: <u>0274578738</u>	Fax:
Email address: <u>richardryan1972@gmail.com</u>	Website:

## DECLARATION

I Richard Ryan carried out or supervised the restricted building work recorded on this form.

Signature: [Signature] Date: 10-12-2016



# PRIMARY STRUCTURE

Roof	<input checked="" type="radio"/>	As per Plan,	<input checked="" type="radio"/> Carried out <input type="radio"/> Supervised
Columns and beams	<input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Bracing	<input checked="" type="radio"/>	As per Bracing Plan	<input checked="" type="radio"/> Carried out <input type="radio"/> Supervised
Other	<input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised

# EXTERNAL MOISTURE MANAGEMENT SYSTEMS

Damp proofing	<input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof cladding or roof cladding system	<input checked="" type="radio"/>	As per Plan	<input checked="" type="radio"/> Carried out <input type="radio"/> Supervised
Ventilation system (for example, subfloor or cavity)	<input checked="" type="radio"/>	Cavity	<input checked="" type="radio"/> Carried out <input type="radio"/> Supervised



Reference / Job #: ICP (if known):

Suburb: Waikanae Beach Town / City: Waikanae

Pipework from L.P.G bottles to VT 20 Kinnai Infinity and feed for a hob in the future.

**Gas type** (tick one) ☐ Natural gas ☒ LPG ☐ Biogas ☐ Other (specify)

☐ Copy of certified design attached (or provide reference)☐ Copy of manufacturer's instructions attached (or provide reference)

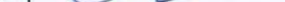
☐ Yes – AS/NZS 5601.1 sections 3 to 6      ☒ Yes – AS/NZS 5601.2 sections 3 to 9      ☐ No

☐ Yes (specify) ☒ No

☒ All ☐ Parts (specify) \_\_\_\_\_

Name and registration number of anyone who carried out work under supervision:

Certifier name:	Jonny Osborne	Registration number:	19525
-----------------	---------------	----------------------	-------

Certifier Signature:  Date: 16/12/16

Name of person authorised to certify the connection: Jonny Osborne

Registration number: 19525 Date of completion or connection (if different from date of issuing GSC): 14/12/16

Certifier Signature:  Date: 16/12/16

Gas Combined GSC-CoC – Version: June 2014





Building Code Clause(s).....B1.....

## PRODUCER STATEMENT – PS4 – CONSTRUCTION REVIEW

(Guidance notes on the use of this form are printed on page 2)

ISSUED BY: .....New Zealand Environmental Technologies Limited.....  
(Construction Review Firm)

TO: .....Versatile Homes and Buildings Wellington.....  
(Owner/Developer)

TO BE SUPPLIED TO: ...Kapiti Coast District Council.....  
(Building Consent Authority)

IN RESPECT OF: .....Foundation inspection.....  
(Description of Building Work)

AT: .....137 Weggery Drive, Waikanae.....  
(Address)

NZET.....has been engaged by.....Versatile Homes and Buildings Wellington.....  
(Construction Review Firm)

To provide ☐ CM1 ☐ CM2 ☒ CM3 ☐ CM4 ☐ CM5 (Engineering Categories) or ☐ observation as per agreement with owner/developer

or ☐ other ..... services  
(Extent of Engagement)

in respect of clause(s) ..... B1..... of the Building Code for the building work described

in documents relating to Building Consent No. ....BCA 160121 ..... and those relating to Building

Consent Amendment(s) Nos. .... Nil ..... issued during the

course of the works. We have sighted these Building Consents and the conditions of attached to them.

Authorised instructions / variations(s) No. .... Nil ..... (copies attached)

or by the attached Schedule ☐ have been issued during the course of the works.

On by the basis of ☒ this ☐ these review(s) and information supplied by the contractor during the course of the works and on behalf of the firm undertaking this Construction Review, I believe on reasonable grounds that ☐ All ☒ Part only of the building works have been completed in accordance with the relevant requirements of the Building Consent and Building Consent Amendments identified above, with respect to Clause(s) ..... B1..... of the Building Code. I also believe on reasonable grounds that the persons who have undertaken this construction review have the necessary competency to do so.

I, .....Stuart Dean Clark..... am: ☒ CPENG No. ....58384.....  
(Name of Construction Review Professional)

I am a Member of: ☒ IPENZ ☐ NZIA and hold the following qualifications: .....BE (Hons) MEng Sc.....

The Construction Review Firm issuing this statement holds a current policy of Professional Indemnity Insurance no less than \$500,000\*.

The Construction Review Firm is a member of ACENZ: ☐

SIGNED BY .....Stuart Dean Clark..... ON BEHALF OF ..New Zealand Environmental Technologies Ltd...

Date:.....29 November 2016..... Signature:.....

Note: This statement shall only be relied upon by the Building Consent Authority named above. Liability under this statement accrues to the Design Firm only. The total maximum amount of damages payable arising from this statement and all other statements provided to the Building Consent Authority in relation to this building work, whether in contract, tort or otherwise (including negligence), is limited to the sum of \$500,000\*.

This form is to accompany Forms 6 or 8 of the Building (Form) Regulations 2004 for the issue of a Code Compliance Certificate.

PRODUCER STATEMENT PS4

THIS FORM AND ITS CONDITIONS ARE COPYRIGHT TO ACENZ, IPENZ AND NZIA

October 2013

Page 1 of 2

Signature: \_\_\_\_\_

10 JAN 2017



Test results of 4 penetrometer soundings identify the soil strength (KPa) at the base of the foundation trench. All readings came up firm directly at the base. Soil strength was there for determined suitable for continuation of construction. Foundation depths were also in accordance with foundation specifications.





# Electrical Certificate of Compliance

for a low voltage installation if prescribed electrical work has been done on any part of it and the prescribed electrical work involved placing, replacing, or repositioning conductors or fittings attached to conductors.

No. 4021119

No. of attachments

**To be completed whether or not an inspection is required.**

## CUSTOMER INFORMATION - PLEASE PRINT CLEARLY

Name of customer

Versatile LTD

Phone:

Address of installation

137 Weggory drive Warkane

Postal address of customer (if not as above)

## DECLARATION OF CONFORMITY (Please tick (✓) appropriate boxes)

In accordance with Regulation 58 of the Electricity (Safety) Regulations 2010, the design of the installation or part of the installation to which this certificate applies

- (a) complies with either Part 2 of AS/NZS 3000:2007 ☒ or Part 1 of AS/NZS3000:2007 and Regulation 59 ☐ and  
 (b) the supply system of the installation or part of the installation to which this certificate applies is  
 230V/400 V MEN ☒ or attached other system ☐

## WORK DETAILS

8  
B

No. of lighting outlets

No. of ranges

Please tick (✓) as appropriate where work includes:

No. of socket outlets

No. of water heaters

☒ Mains☒ Main earthing system

Was any installation work carried out by the homeowner?

Yes ☒ No☒ MEN Switchboard closest to point of supply☐ Electric lines

Description of work carried out (If necessary attach any pages with work done) Upgrade house meter board to Main switch board, wire it to lower sleep out, 1x Fan

## CERTIFICATION OF WORK (Please tick (✓) appropriate boxes)

I certify that the completed installation or part of the installation to which this certificate applies

- ☒ has been installed in accordance with the design detailed in the Declaration of Conformity section above  
☒ has had tests which are required by the Electricity (Safety) Regulations 2010 satisfactorily completed  
☐ has an earthing system that is correctly rated  
☒ contains fittings which are safe to connect to a power supply  
☒ is safe to connect to a power supply

Validity authenticated

10 JAN 2007

Signature:

## ELECTRICAL WORKER DETAILS

Name

Dorian van Pee

Registration No.

E251620

Company

Just Electric

Contact Ph No.

0275600378

Signature

Date

2/12/16

## INSPECTION DETAILS

Electrical work requiring inspection by a registered electrical inspector

☐ Mains work (mains, MEN switchboards closest to the point of supply, or main earthing systems)☐ Attached other☐ Work carried out in accordance with Part 1 of AS/NZS 3000:2007

I certify that the items identified above are electrically safe and that the inspection has been carried out in accordance with the Electricity (Safety) Regulations 2010.

Name

Registration No.

Signature

Date

Contact Ph No.





**VERSATILE®**  
HOMES & BUILDINGS



**FORM OF PRODUCER STATEMENT PS3 – CONSTRUCTION**

At project completion, this form shall be completed by the building contractor and supplied to the Engineer.

**ISSUED BY:** Versatile Homes & Buildings  
(Building Contractor)

**TO:** Indith Nadsawath  
(Owner/Principal)

**IN RESPECT OF:** 2 bedroom Sleepout  
(Description of Contract Works)

**AT:** 137 Weggery Drive Wai Karae  
(Address)

**T/A:** Kapiti Coast D.C. **BUILDING CONSENT No:** 160624  
(Territorial Authority / Building Consent Authority)

The above Building Contractor has contracted to the above Owner/Principal to carry out and complete certain building works in accordance with the contract, titled

Indith Nadsawath ("the contract")  
(Title of building contract)

I Mark Scott a duly authorised representative of the  
(Builder's Authorised Agent)

above building contractor, believe on reasonable grounds that the above building contractor has carried out and completed

☒ All ☐ Part only as specified in the attached particulars

of the building works in accordance with the contract.

[Signature]  
(Signature of Authorised Agent on behalf of the Building Contractor)

20-12-16  
(Date)

PO Box 54 060 Mana Wellington  
(Address)

This producer statement is to be completed by the building contractor when they have carried out the building work in accordance with the building consent (or consents) that are part of the contract / building

and checked by suitably qualified trades-

the T/A's building consent conditions, to confirm that the building works have in fact been built according to the requirements to the T/A for it to release the Code

20

41 Trade - These  
copies (x4) need  
to go to council for  
Code of Compliance  
please check if

Scott Developments Limited  
Trading as Versatile Homes & Buildings Wellington  
18 Ulric St, Plimmerton, Wellington, 5247  
PO Box 54060, Mana, 5247  
Phone: 04 233 9528  
Fax: 04 233 9827  
Email: wellington@versatile.co.nz  
www.versatile.co.nz



# PRODUCER STATEMENT PIPED SERVICES AND PLUMBING STACKS



## Construction Review

Send or deliver this form to: Kapiti Coast District Council,  
175 Rimu Road, Paraparaumu 5032  
Private Bag 60601, Paraparaumu 5254  
For enquiries, phone 04 296 4700 (Toll Free: 0800 486 486)

### TO BE COMPLETED BY THE INSTALLER

Issued by: Fraser Henderson

Registration number: 25666 / 07200

In respect of Piped Services installed in accordance with G12/AS1 as shown on the approved plans or as per the attached amended plan and Sanitary Plumbing Stacks installed in accordance with G13/AS1 or AS/NZS 3500.2.2

Installed at: 137 Weggery Drive Waikanae

Building Consent No: 160621

As a certified plumber, currently holding an annual practicing license, certify that I, or personnel under my control, have carried out the installation of the above system and I believe on reasonable grounds that the installation complies with the New Zealand Building Code. Both hot and cold systems have been pressure tested for a period of 15 minutes at a pressure of 1500 kPa.

Name: Fraser Henderson

Signature: Fraser Henderson

Address: 20 Roys Road

Date: 21-12-16

Phone:

Fax:

Mobile: 0273377078

Email: fhpdnz@gmail.com

### Kāpiti Coast District Council Office Use Only

Producer Statement author authenticated and current registration verified. Verification and Registration checked through public register on [www.pgdb.co.nz](http://www.pgdb.co.nz).

Date:

16/1/17

Name:

Russell Brook

Signature:

Russell Brook



# PRODUCER STATEMENT PRIVATE SEWER DRAINS



## Construction Review

Send or deliver this form to: Kapiti Coast District Council,  
175 Rimu Road, Paraparaumu 5032  
Private Bag 60601, Paraparaumu 5254  
For enquiries, phone 04 296 4700 (Toll Free: 0800 486 486)

### TO BE COMPLETED BY THE INSTALLER

Issued by: *Fraser Henderson*

Registration number: *25666 / 07200*

In respect of: Private Sewer Drains installed in accordance with G13 AS2 or AS/NZS 3500 .2.2 as shown on the approved plans or as per the attached amended plan

Installed at: *137 Weggery Drive, Waikanae*

Building Consent No: *160621*

As a certified drainlayer, currently holding an annual practicing license, certify that I, or personnel under my control, have carried out the installation of the above system and I believe on reasonable grounds that the installation complies with the New Zealand Building Code.

Name: *Craig Henderson*

Signature: *Craig Henderson*

Address: *154 Motuhara Road*

Date: *21-12-16*

Phone:

Fax:

Mobile: *0273377078*

Email: *fraser@nz@gmail.com*

**Note:** Fully dimensioned as built drain plan to be supplied.(scale 1:100)

Drains may be laid and backfilled without inspection provided that the drain is left under test with a min of 1.0 m head and the inspection at the lateral left exposed.

### Kāpiti Coast District Council Office Use Only

Producer Statement author authenticated and current registration verified. Verification and Registration checked through public register on [www.pgdb.co.nz](http://www.pgdb.co.nz).

Date:

*16/1/17*

Name:

*Russell Brook*

Signature:

*R Brook*



Suburb:	Waikanae Beach	Town / City:	Waikanae
---------	----------------	--------------	----------

Pipework From L.P.G bottles to VT 20 Kinnai Infinity and  
Feed for a hob in the future.

**Gas type** (tick one) ☐ Natural gas ☒ LPG ☐ Biogas ☐ Other (specify)

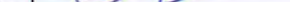
☐ Copy of certified design attached (or provide reference)☐ Copy of manufacturer's instructions attached (or provide reference)

☐ Yes – AS/NZS 5601.1 sections 3 to 6      ☒ Yes – AS/NZS 5601.2 sections 3 to 9      ☐ No

☐ Yes (specify) ☒ No☒ All ☐ Parts (specify)

Name and registration number of anyone who carried out work under supervision:

Certifier name: Jonny Osborne

Certifier Signature:  Date: 16/12/16

Name of person authorised to certify the connection: Jonny Osborne

Registration number: 19525 Date of completion or connection (if different from date of issuing GSC): 14/12/16

Certifier Signature:  Date: 16/12/16

Gas Combined GSC-CoC – Version: June 2014

web sight checked *Abdool* 16/1/17



## Addenda to Application

### Application

Versatile Buildings PO Box 54060 Mana 5247	No.	160621
--	-----	--------

### Project

Description	Other outbuildings eg shed, workshop, sleepout Being Stage 1 of an intended 1 Stage New two bedroom sleepout.
Intended Life	Indefinite, but not less than 50 years
Intended Use	Sleepout
Estimated Value	\$140,000
Location	137 Weggery Drive, Waikanae Beach
Legal Description	LOT 42 DP 60395 -SUBJ TO & INT IN VARIOUS EASEMENTS-
Valuation No.	1492059830

Designer: Mitek PO Box 8387, Christchurch : 03 348 8691

Drainlayer: same as plumber

Plumber: Craig Henderson Plumbing & Drainage Ltd 154 Motuhara  
Road, Plimmerton : 027 337 7078

Contractor: Head Contractor - Versatile Homes PO Box 54060, Mana 5247  
: 027 230 1261 / 04 233 9528

### General Requirements

- a) The Building Inspector is to be given 24 hours' notice before carrying out the following inspections:
1. Site
  2. Foundations
  3. Pre-slab - Plumbing
  4. Pre-slab - Building
  5. Drainage
  6. Pre Wrap
  7. Pre Clad
  8. Weathertightness
  9. Preline - Building
  10. Preline - Plumbing
  11. Postline
  12. Final Inspection
- b) To arrange for any of the above required inspections by Building Control Team, please contact the Call Centre on (04) 296 4700 between the hours of 8am and 5pm.



1. LAPSE AND CANCELLATION OF BUILDING CONSENT. A building consent shall lapse and be of no effect if the building work concerned has not been commenced within 12 calendar months after the date of issue. Or within such further period as the territorial authority allows.
2. The inspection of all specific design components of the building is the responsibility of the Design Engineer who is also required to supply a written report to Council.
3. Note and comply with endorsements on approved plans.
4. Minimum heights of finished concrete slab-on-ground floors above adjoining finished ground level to comply with the current NZS3604.
5. Contractor to leave site clear of all demolition materials and in a tidy state.
6. Exterior cladding system to be previously completed and inspected by Council's Inspector prior to any subsequent prelining inspection/approval being granted for the fixing of internal linings.
7. This project contains elements specifically designed by an engineer. The Owner/Builder is required to ensure the Engineer inspects the work and provides KCDC with written evidence of the inspections.

I have read the foregoing addenda to application, and the Owner/Builder/Authorised Person hereby agrees to comply with them.

OWNER/BUILDER/  
AUTHORISED PERSON

Date:

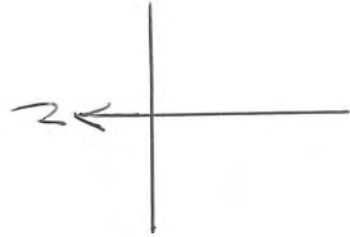


BC 160621

APPROVED BY  
PLANNING  
Janice Lee  
10/08/2016

APPROVED  
BY  
PLUMBING  
AND  
DRAINAGE  
Simon C  
11/8/2016

00001



Kapiti Coast District Council Property Map

Date Printed: 2 August 2016



137 Waggery Drive Wairarapa

Proposed sleep-out

Lot 42 DP 60395 1092 m²

Scale 1:500

V/H Wind Zone

PTO



BC 160621

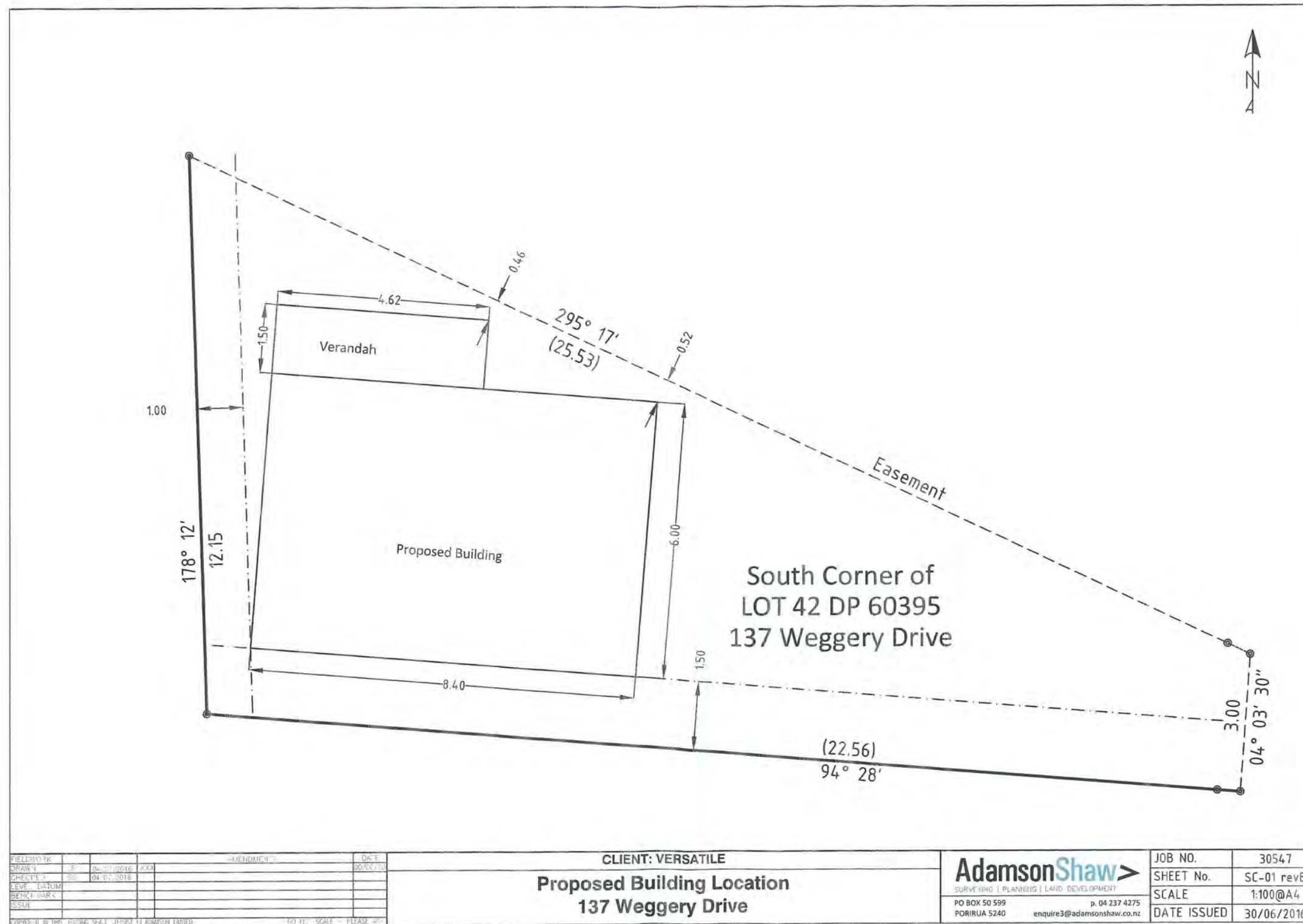
CAUTION  
Plans have been digitally  
reproduced and may not  
be to scale.

APPROVED BY  
PLANNING  
Janice Lee  
10/08/2016

00002



Ensure that the sleepout is not sited over any easements



pro



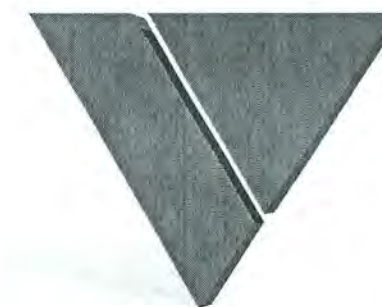
Storm water from the new roof area is to be run to a suitably sized soakpit.



# CONTENTS

- 1 FLOOR PLAN
- 2 ELEVATIONS
- 3 FRAMING PLAN
- 4 BRACING PLAN
- 5 ELECTRICAL PLAN
- 6/6A FOUNDATION PLAN + DRAINAGE & SITE PLAN
- 7 CROSS SECTION
- 8 INTERNAL DETAILS
- 9 INTERNAL DETAILS
- 10 DETAILS 1
- 11 DETAILS 2
- 12 DETAILS 3
- 13 DETAILS 4
- 14 PURLIN & LINTEL FIXINGS
- 15 ROOF FRAMING LAYOUT
- 16 WINDOWS & DOORS SCHEDULE

## PROPOSED HOME FOR JUDE WADSWORTH 137 WEGGERY DRIVE WAIKANAE



**VERSATILE**<sup>®</sup>  
HOMES & BUILDINGS

CALL 0800 VERSATILE  
(837 728)

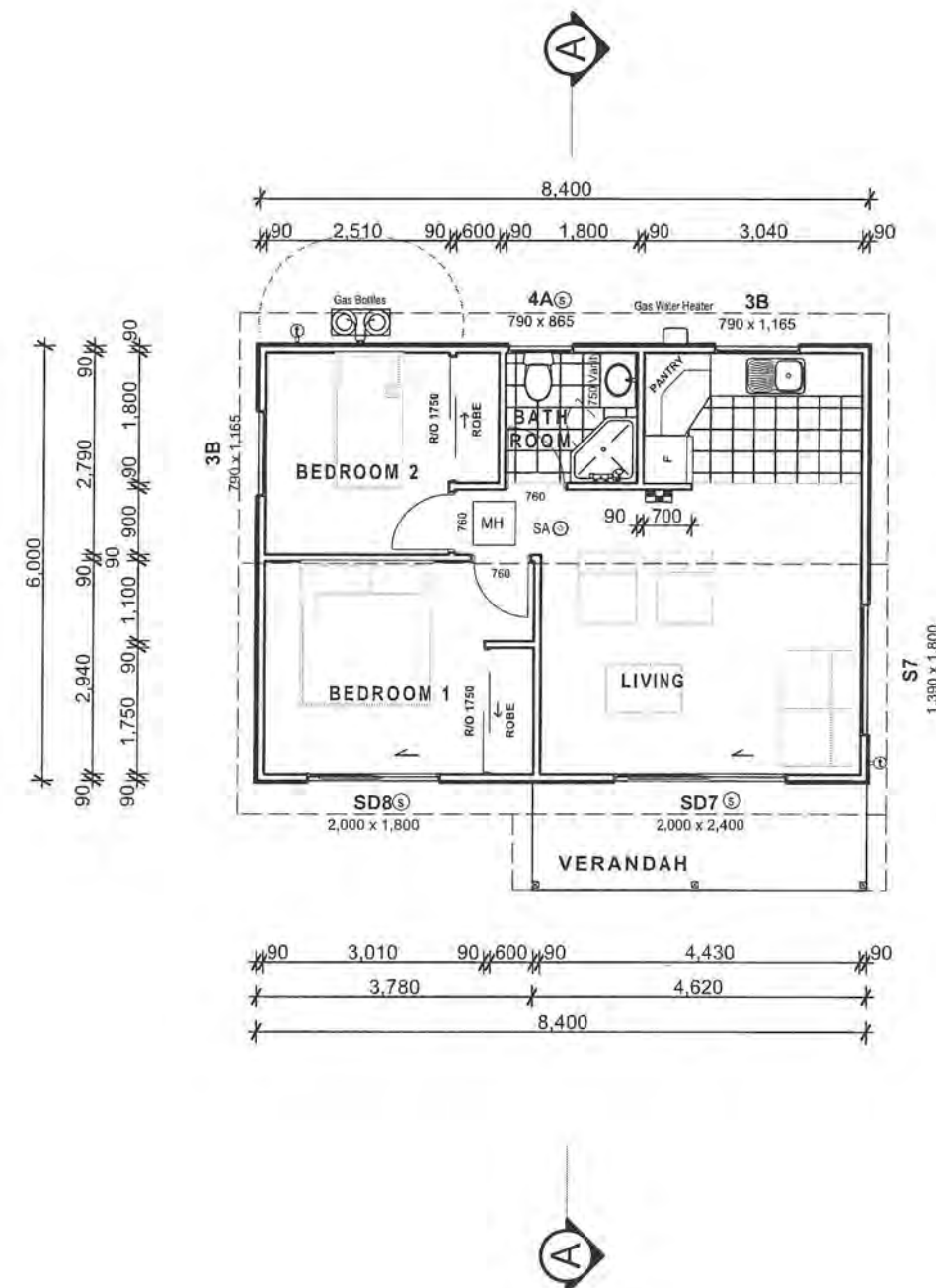


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**LEGEND**

- SA ☉ Smoke Alarm (with hush button)
- ☉ Safety Glass
- Vinyl Flooring
- MH Manhole (600x600)
- ① Outside Tap
- Switch Board

**SITE DATA**

Exposure/ Corrosion Zone:	C
Climate Zone:	2
Building Importance:	2
Snow Zone:	N1
Wind Zone:	Very High
Wind Region:	W
Ground Roughness:	Open
Site Exposure:	Exposed
Topographic Class:	T1
Earthquake Zone:	3

**Slip Resistance**

Level Access routes including walking surfaces such as decks, patios and steps on the approach to the main entrance of housing and level accessible routes shall have a mean coefficient of friction (U), of not less than 0.4 when tested in accordance with AS/NZS 3661.1. for other access routes a coefficient of friction of less than 0.4 may be acceptable, but account should be taken of the effectiveness of the surface when wet. Foot paths to comply with antislip requirements of NZBCD1/AS1 table 2. External steps and porches to be broomed finish concrete.

**NOTES****Lintels**

All lintels to be H1.2 SG8 treated timber unless otherwise stated.  
Lintel fixing types stated. For fixing details please refer to sheet 14.

**Framing**

All internal framing to be 90x45 H1.2 SG8 treated timber @ 600crs max. with dwangs @ 800crs max.  
All external framing to be 90x45 H1.2 SG8 treated timber @ 400crs max. with dwangs @ 800crs max. unless otherwise stated.

Floor Area (Over Framing)	50.40 m <sup>2</sup>
Site Coverage Area	57.33 m <sup>2</sup>

A certifying gas fitter is to provide a compliance certificate to council.

Hot water pipework from the HWC is to be insulated in accordance with NZBC H1.



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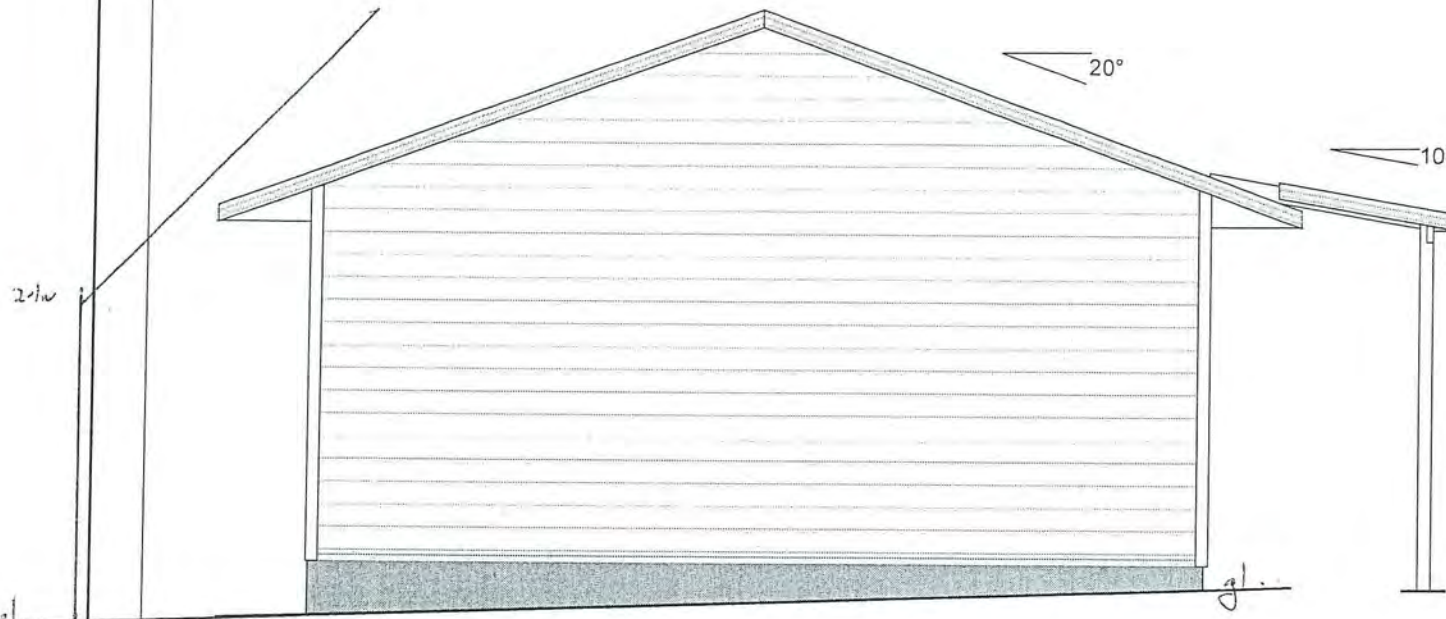
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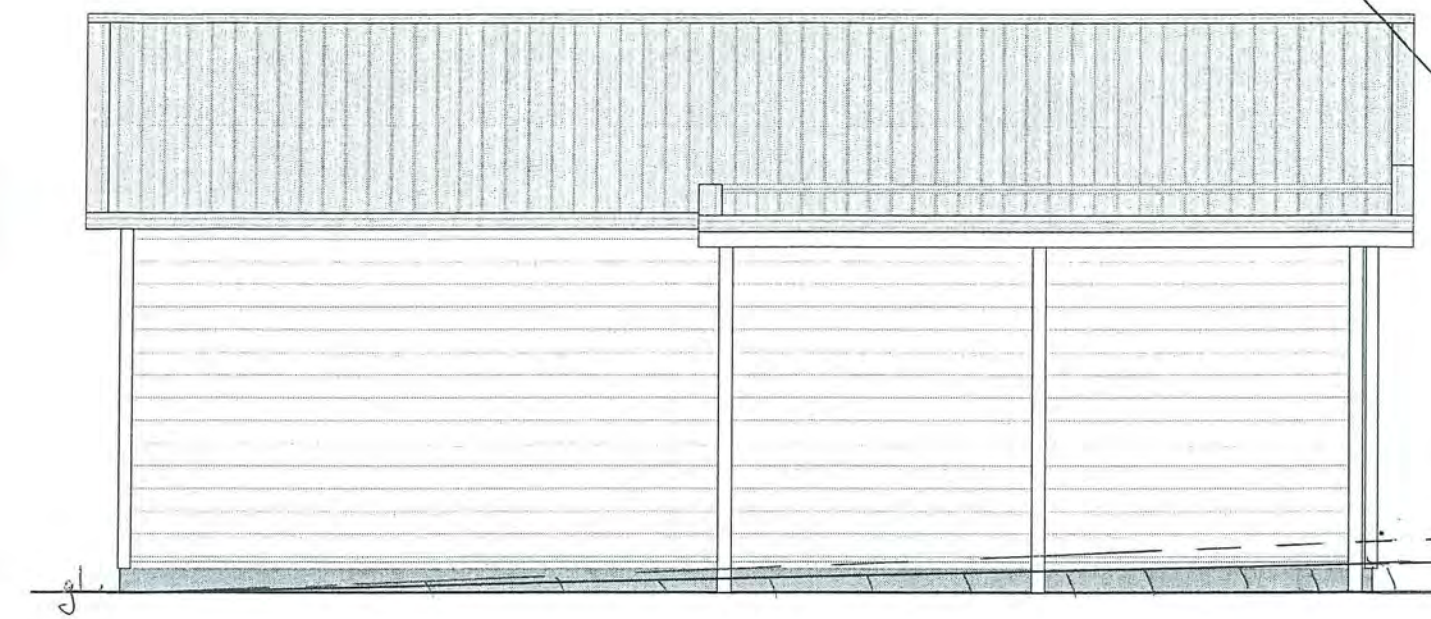
1/3

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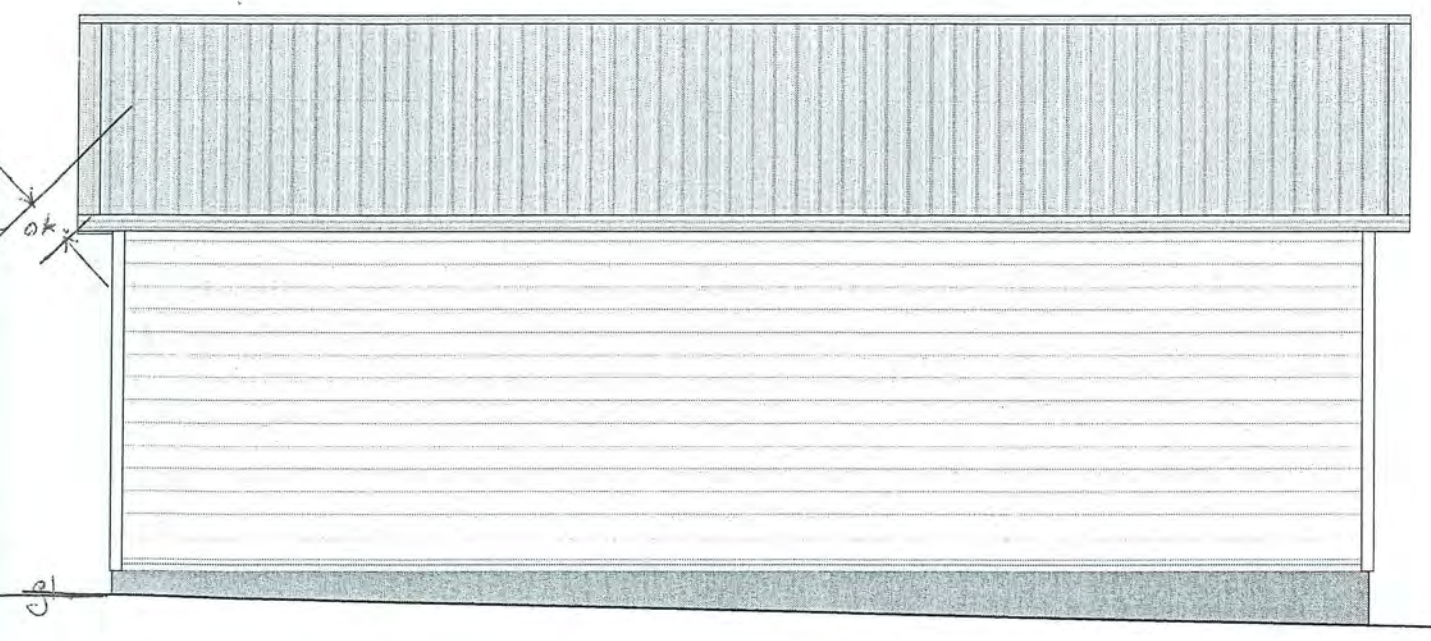
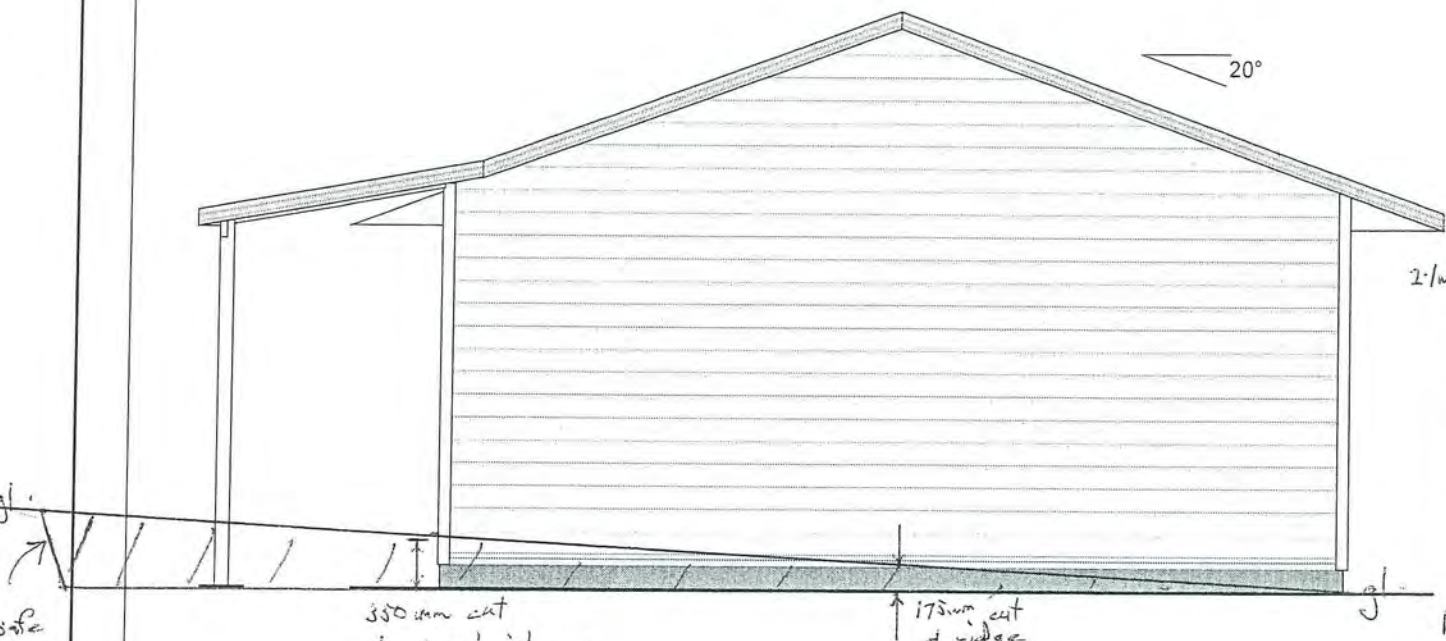
2.1m

body  
1.3m  
(ridge)

ELEVATION VIEW 1



ELEVATION VIEW 2



ELEVATION VIEW 4 (South)

SCALE A3-1:50

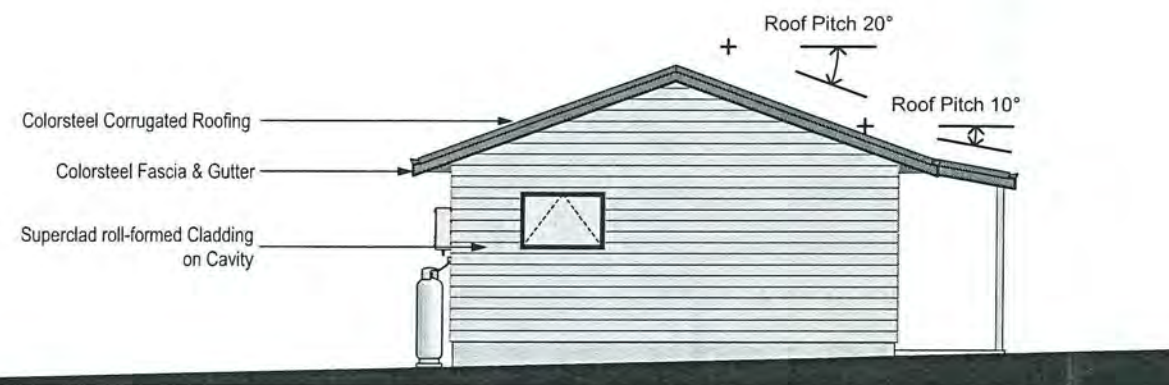


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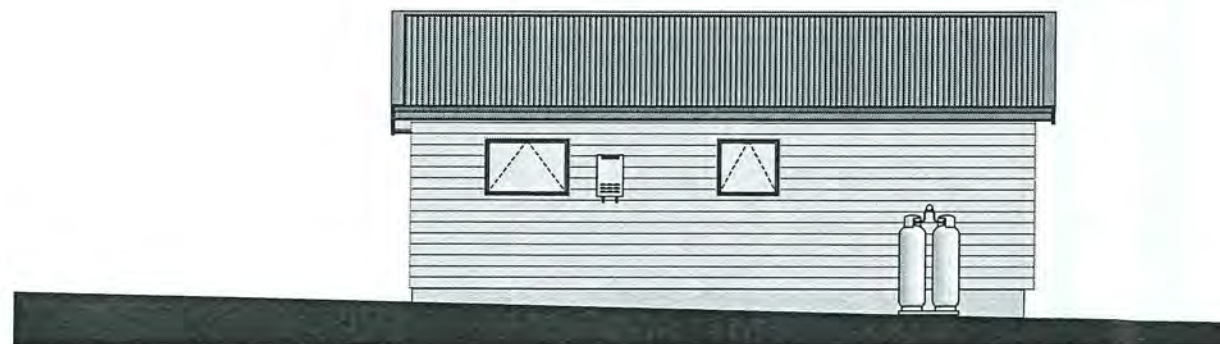
FRONT ELEVATION



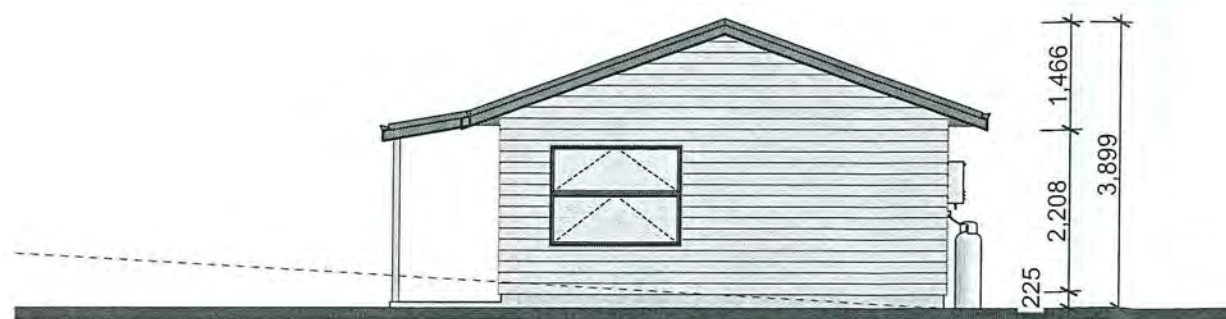
LEFT ELEVATION



REAR ELEVATION



RIGHT ELEVATION



BUILDING ENVELOPE RISK MATRIX		
Front Elevation		
Risk Factor	Risk Severity	Risk Score
Wind zone (per NZS 3604)	Very high risk	2
Number of storeys	Low risk	0
Roof/wall intersection design	Low	0
Eaves width	High risk	2
Envelope complexity	Low risk	0
Deck design	Low	0
Total Risk Score:		4

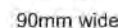
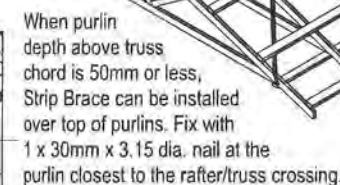
BUILDING ENVELOPE RISK MATRIX		
Left Elevation		
Risk Factor	Risk Severity	Risk Score
Wind zone (per NZS 3604)	Very high risk	2
Number of storeys	Low risk	0
Roof/wall intersection design	Low	0
Eaves width	High risk	2
Envelope complexity	Low risk	0
Deck design	Low	0
Total Risk Score:		4

BUILDING ENVELOPE RISK MATRIX		
Rear Elevation		
Risk Factor	Risk Severity	Risk Score
Wind zone (per NZS 3604)	Very high risk	2
Number of storeys	Low risk	0
Roof/wall intersection design	Low	0
Eaves width	High risk	2
Envelope complexity	Low risk	0
Deck design	Low	0
Total Risk Score:		4

BUILDING ENVELOPE RISK MATRIX		
Right Elevation		
Risk Factor	Risk Severity	Risk Score
Wind zone (per NZS 3604)	Very high risk	2
Number of storeys	Low risk	0
Roof/wall intersection design	Low	0
Eaves width	High risk	2
Envelope complexity	Low risk	0
Deck design	Low	0
Total Risk Score:		4



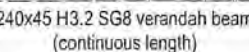
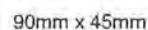
i) ROOF PLANE BRACE



Hole in the face and notches in the edge of a stud shall:

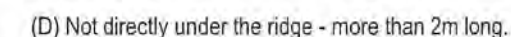
(d) 100mm min. offset between hole and notch.

\*100mm min. offset between hole and notch.



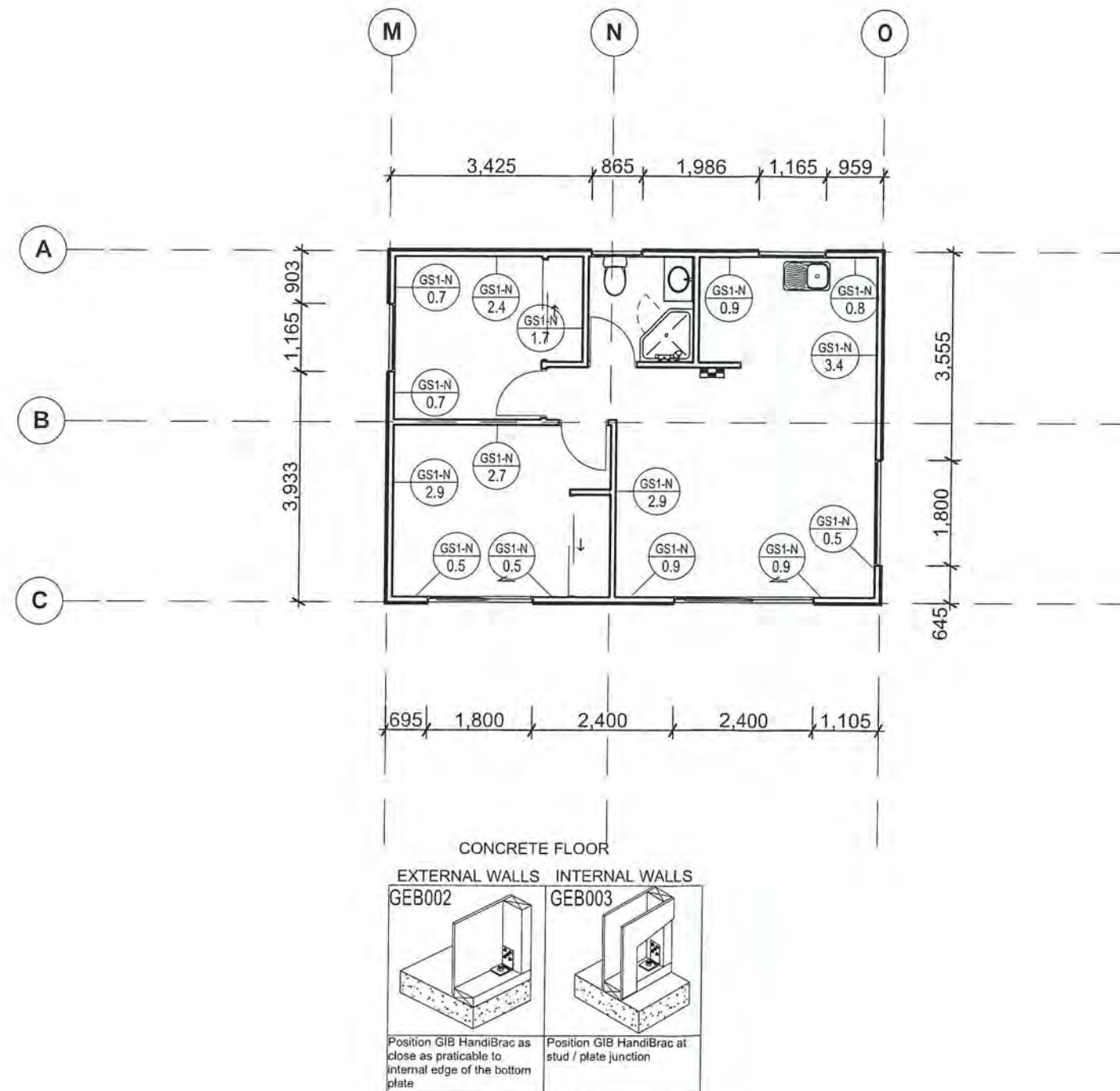
— • — Strip Brace  
 Roof Space Brace (RSB)

Tensioned Strip Brace over top chords/purlins with 5/30x3.15 nails each end 2/30x3.15 nail each cross (top chord/purlin)





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### Gib Notes

Moisture Content of timber framing must be 18% or less at time of lining.  
Gib linings are a finishing product and are not to be walked on. Shoe marks are not acceptable under any circumstances.

### Bracing Elements

Note: All GIB elements are stated as minimums. Bracing elements MUST be MAXIMUM length on site. Refer to "Length of GIB EzyBrace Elements" a GIB bulletin in the supporting documents for fixing locations.

#### GS1-N

10mm GIB Standard Plasterboard to one side fixed Vertical or Horizontal.

### TOP PLATE JOINTING AS PER CLAUSE 8.7.3 NZS 3604:2011

### Top Plate Connections

The top plate of a wall that contains one or more wall bracing elements shall be jointed according to the rating of the highest-rated individual wall bracing elements as follows:

- (a) Rating not exceeding 100 bracing units: A 3kN connection as shown or by an alternative fixing of 3kN capacity in tension or compression along the plate;
- (b) Rating exceeding 100 bracing units: A 6kN connection as shown or by an alternative fixing of 6kN capacity tension or compression along the plate.

### Top Plates in Line

#### Connection capacity LUMBERLOK Connector

- 3 kN Tylok 6T5 OR Strap Nail
- 6 kN Tylok 6T10 OR 2 x Strap Nails

### Top Plates at Right Angles

#### Connection capacity LUMBERLOK Connector

- 6 kN Tylok 6T10 OR 2 x Strap Nails
- 12 kN 2 x Sheet Brace Straps fixed with 6 x LUMBERLOK Product Nails 30mm x 3.15 dia. per end per strap (24 nails total)

### 8.7.3.4

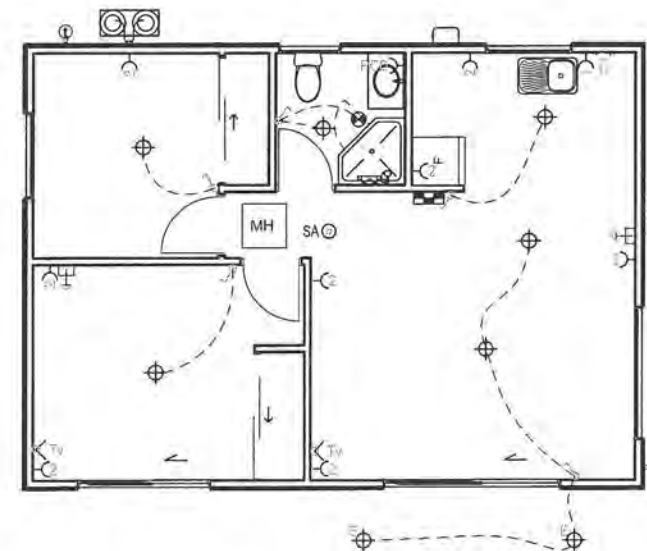
Each wall that contains one or more wall bracing elements shall be connected at the top plate level, either directly, or through a framing member in the line of the wall, to external walls at right angles to it.

Top plate fixings(s) of the capacity in tension or compression along the line of the wall bracing element are given as follows:

- a) For each wall containing wall bracing elements with a total bracing capacity of not more than 125 bracing units: to at least one such external wall by a fixing as shown in figure 8.16 of 6kN capacity;
- b) For each wall containing wall bracing elements with a total bracing capacity of not more than 250 bracing units: to at least 2 external walls by fixings as shown in figure 8.16 each of 6 kN capacity;
- c) For each wall containing wall bracing elements with a total bracing capacity of more than 250 bracing units: to at least 2 external walls by fixings as shown in figure 8.16 each having a rating of not less than 2.4 kN per 100 bracing units.



Provide electrical certification after completion and prior to Code Compliance Certificate being issued



**LEGEND**

- ⊕ Downlight (CA135 rated)
- ⊕ Heat/Fan/Light
- ⊕ External Light
- ⊕ Light Switch
- ⊕ Double Power Point
- ⊕ Single Power Point
- Tv > Tv Point
- ≡ Data Point
- SA ⊕ Smoke Alarm (with hush button)
- RCD ⊕ RCD
- ⊕ Switchboard
- ⊕ Outside Tap
- MH Man Hole (600x600mm)

**Note:** Electrician to confirm with client on site positioning of all electrical outlets before work commences.



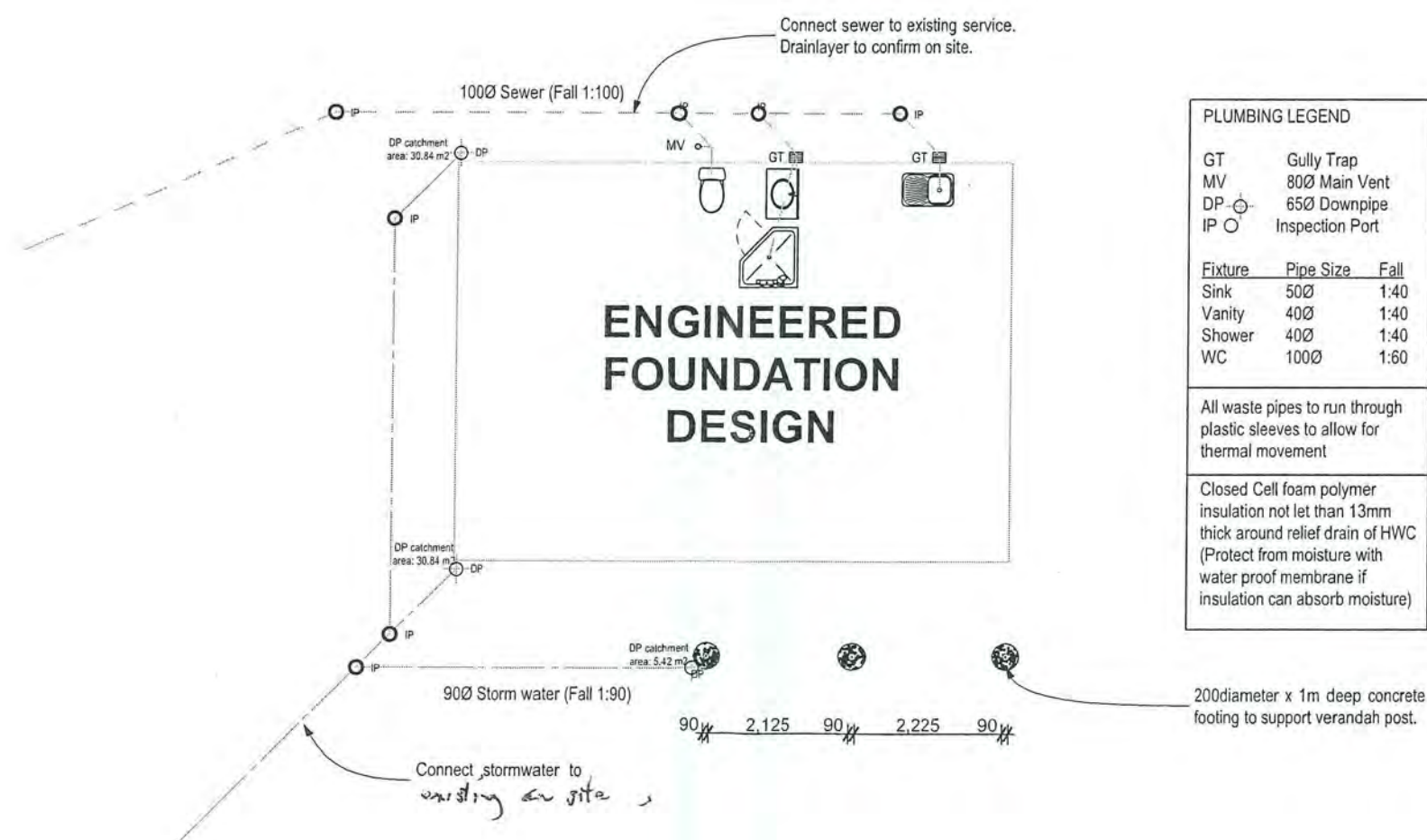
BUILDER TO ENSURE THAT  
PROPOSED FOUNDATION  
HEIGHT WILL ALLOW A  
SATISFACTORY DRAINAGE  
CONNECTION TO THE  
COUNCILS SEWER.

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**ENGINEERS DESIGN**

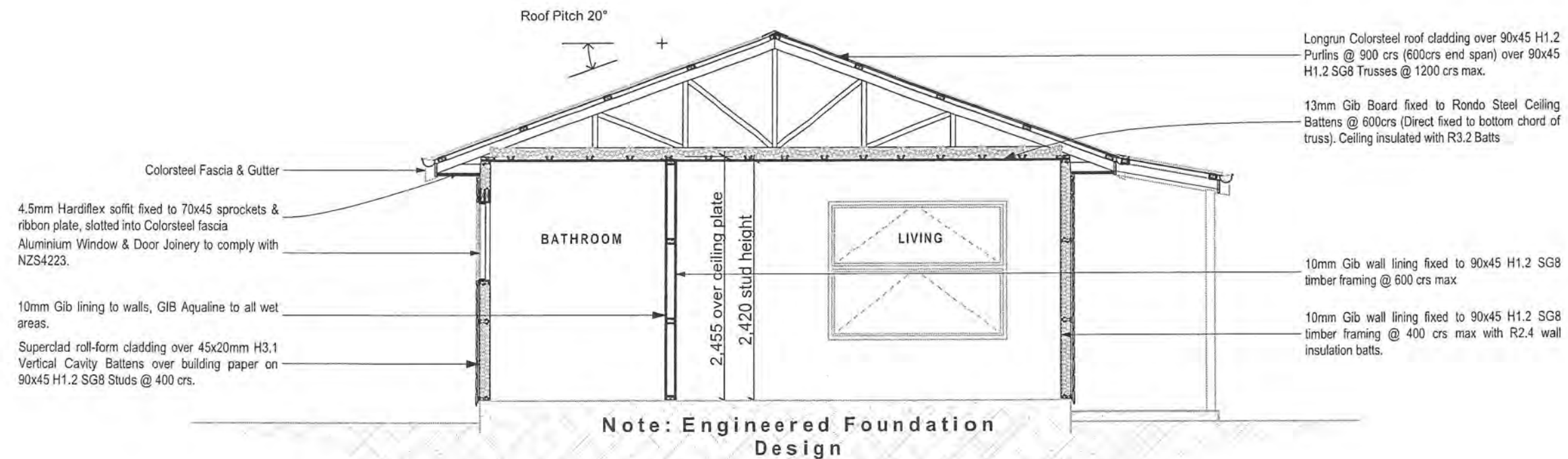
This project contains elements specifically designed by an engineer. The owner/builder is required to ensure the engineer inspects the work and provides KCDC with written evidence of the inspection.

A drainage inspection is required.



A CERTIFYING PLUMBER/DRAINLAYER TO FILL OUT ATTACHED PRODUCER STATEMENT FORMS AND RETURN TO COUNCIL. ALSO PROVIDE NEAT ASBUILT DRAINAGE PLAN SHOWING SEWER STORMWATER AND WATER.







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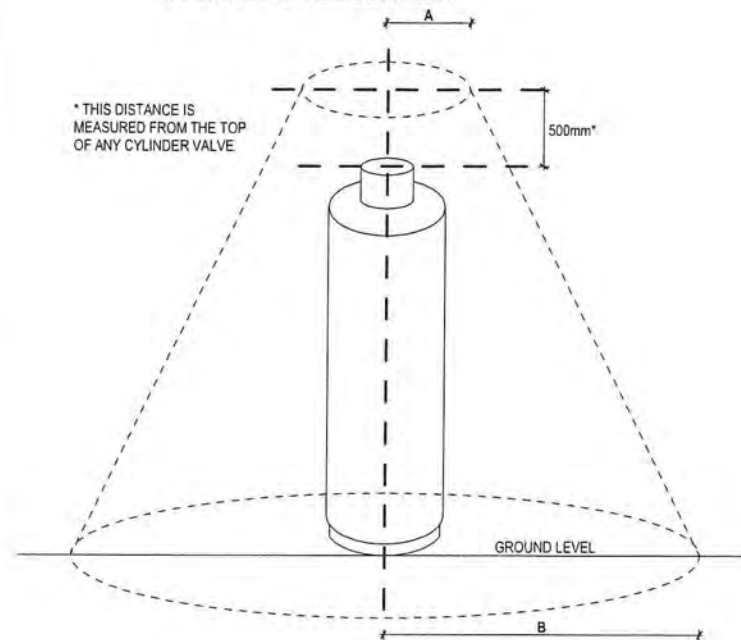
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G4 CLEARANCES AROUND CYLINDERS  
CYLINDERS SHOULD BE INSTALLED WITH CLEARANCES  
COMPLYING WITH FIGURE G2 AND FIGURE G3 AND AT  
LEAST 1m FROM READILY IGNITABLE MATERIAL.

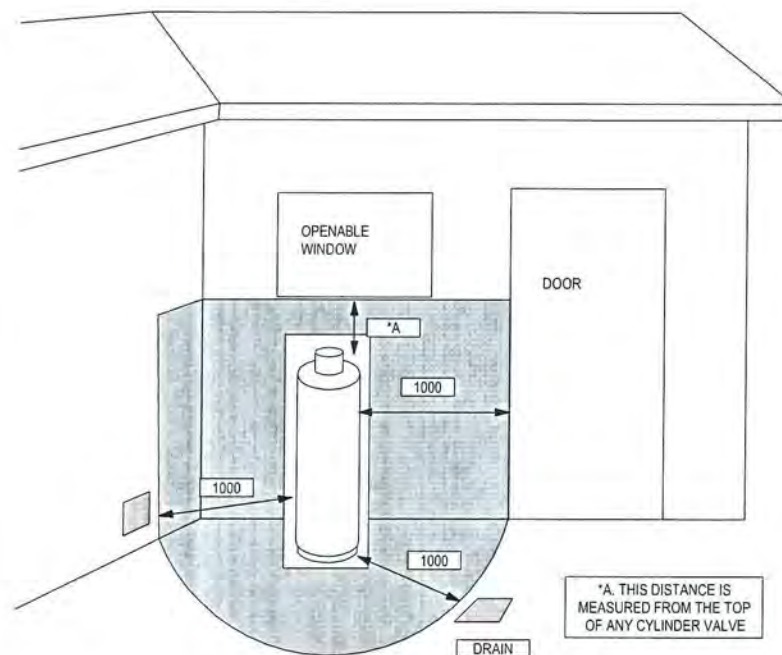
\* THIS DISTANCE IS  
MEASURED FROM THE TOP  
OF ANY CYLINDER VALVE



IGNITION SOURCE NOT TO BE WITHIN THE ENCOMPASSED AREA

A - EXCHANGE CYLINDER - 500mm  
B - EXCHANGE CYLINDER - 1500mm

FIGURE G2 - MINIMUM CLEARANCE TO IGNITION SOURCES

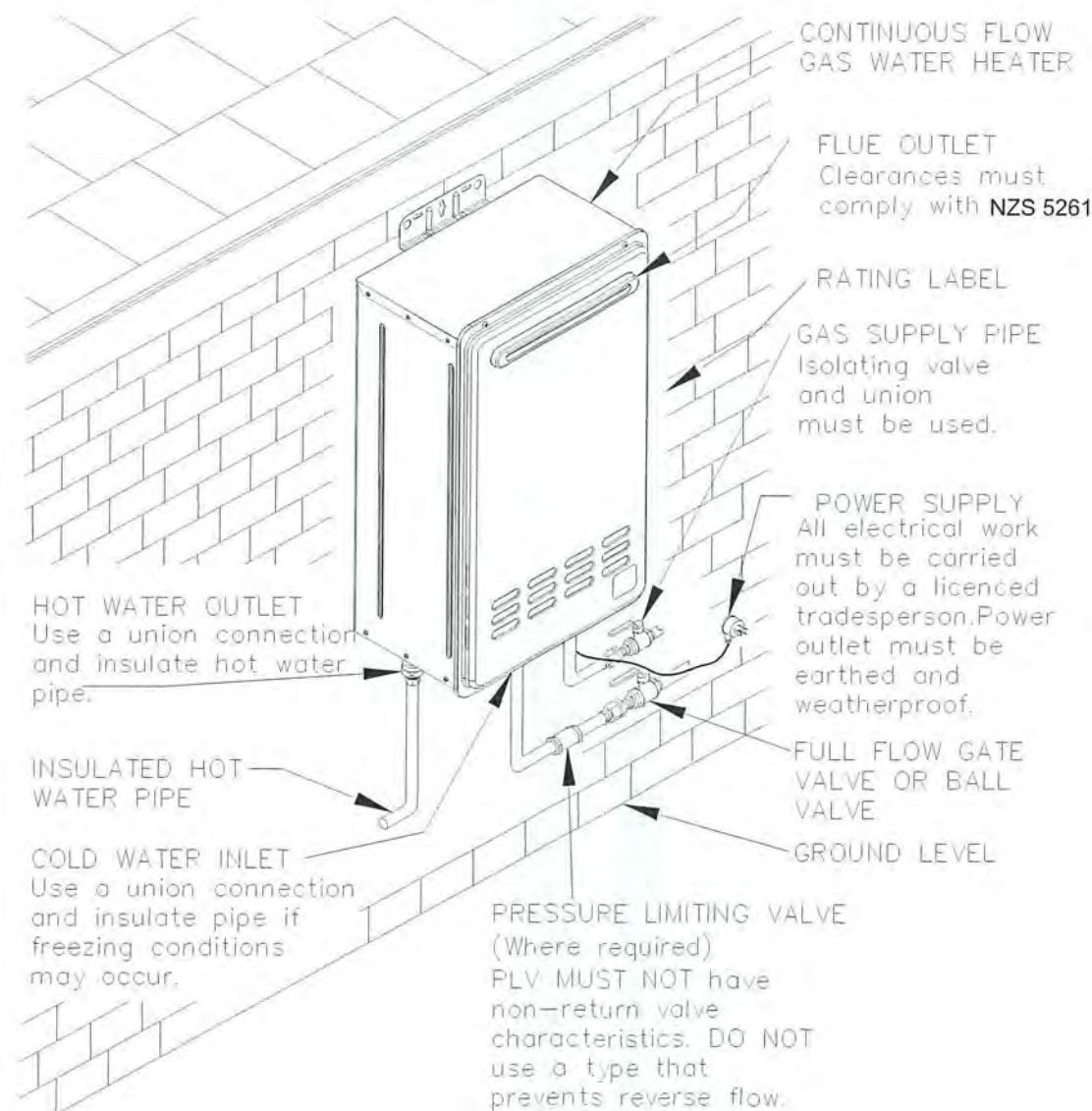


SHADING INDICATES PROHIBITED AREA FOR A DRAIN OR OPENING

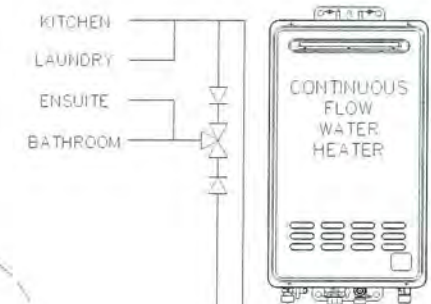
A - EXCHANGE CYLINDER - 150 mm

CLEARANCES AROUND GAS BOTTLES  
scale N.T.S.

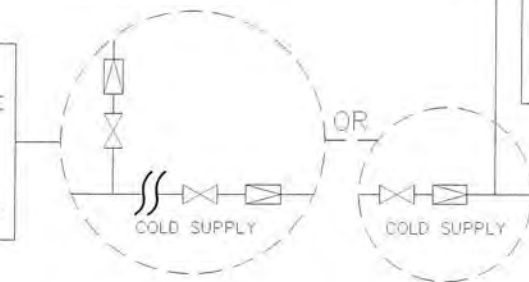
## TYPICAL INSTALLATION ELECTRONIC CONTINUOUS FLOW GAS WATER HEATER EXTERNAL MODELS 874 SERIES



NOTE: NON RETURN  
VALVES (NRV)  
REQUIRED ON COLD AND  
HOT SUPPLY LINES TO A  
TEMPERATURE LIMITING  
DEVICE (TLD) IF NOT  
INCORPORATED IN TLD.

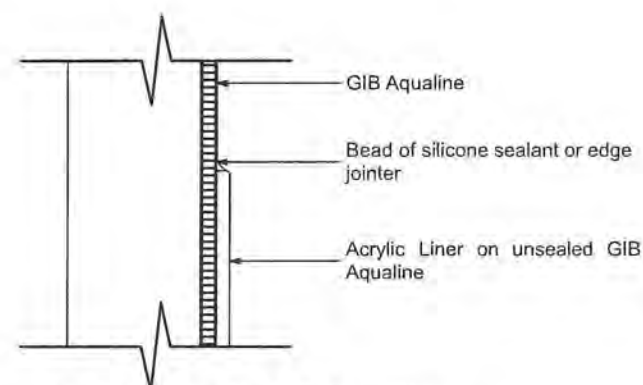


NOTE: PRESSURE  
LIMITING DEVICE  
(PLV)  
REQUIRED TO  
TLD IF PLV  
INSTALLED AT  
WATER HEATER

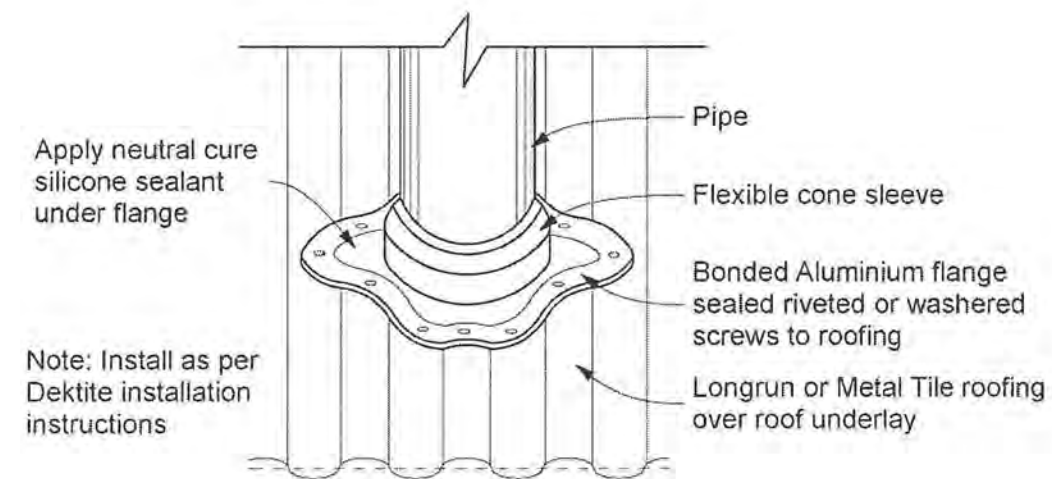
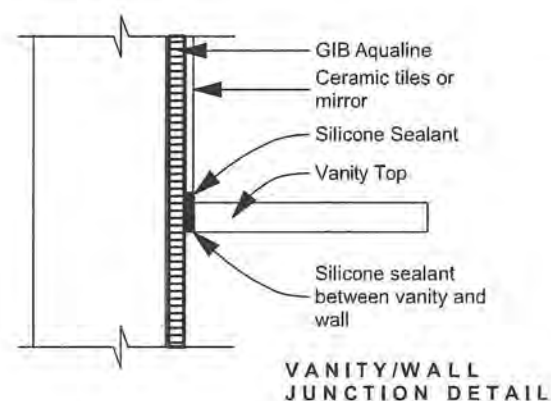


Two Temperature Zones Using a Temperature Limiting Device

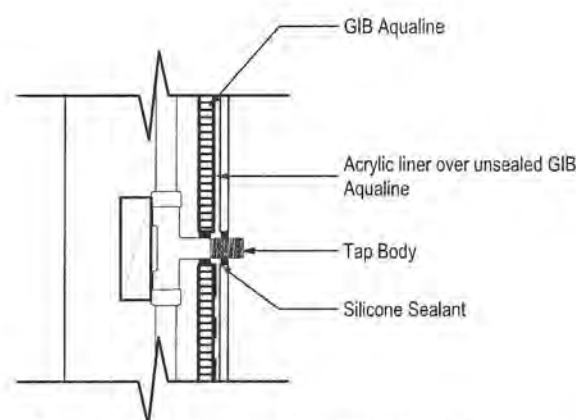
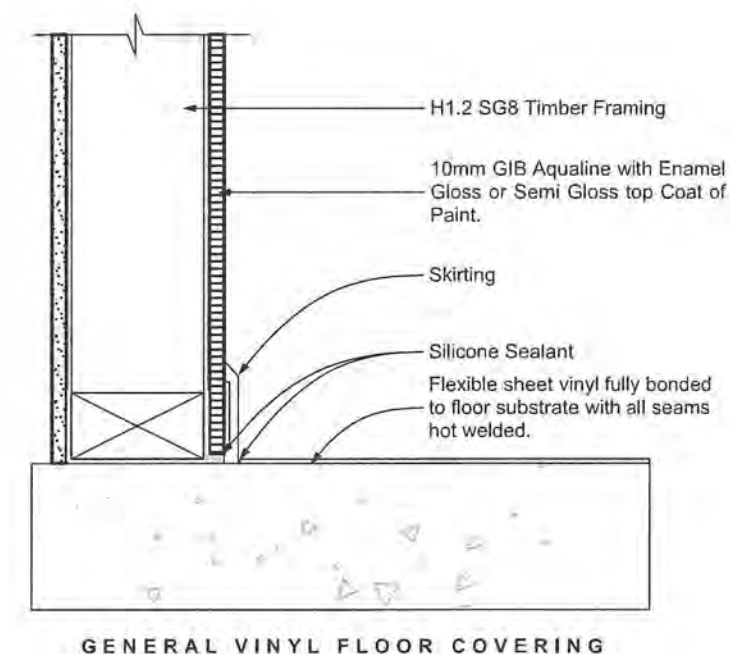
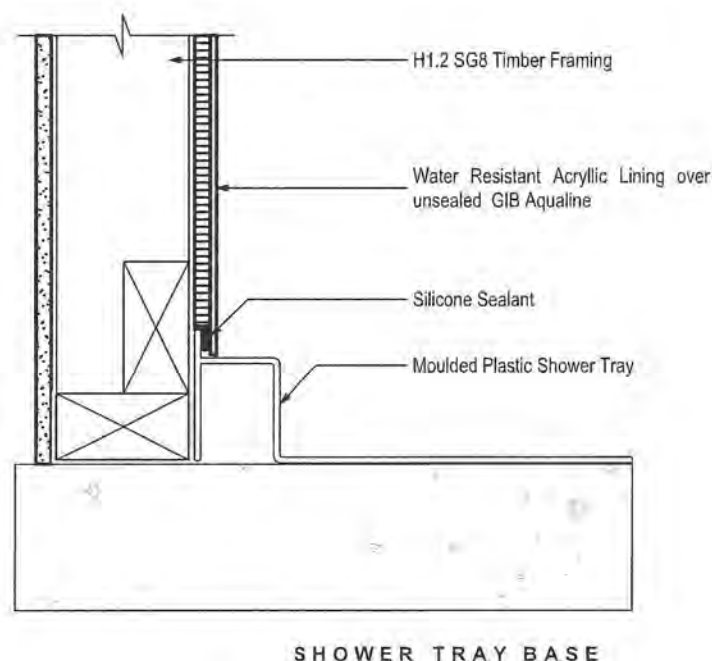
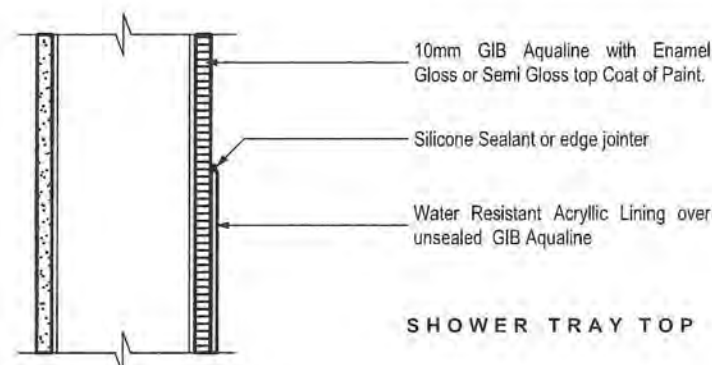




Acrylic Liner to GIB Aqualine Junction



DEKTITE PIPE PENETRATION DETAIL



Pipe Penetration Acrylic Liner

Note: Where impact noise from pipes is an issue, fix all pipes on resilient brackets.



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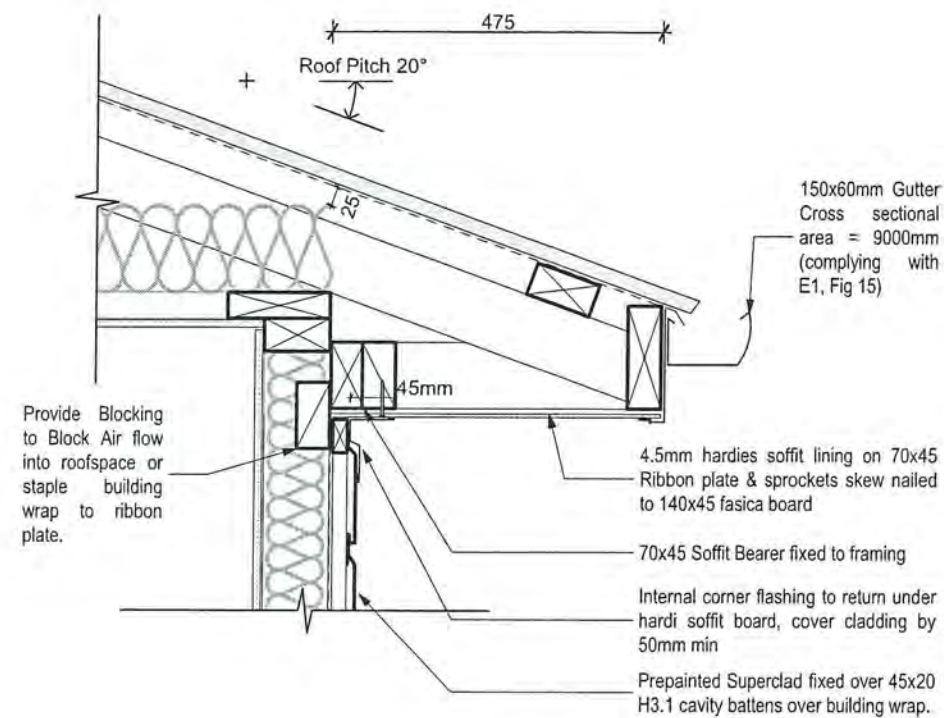
ALL DIMENSIONS IN MM UNLESS STATED

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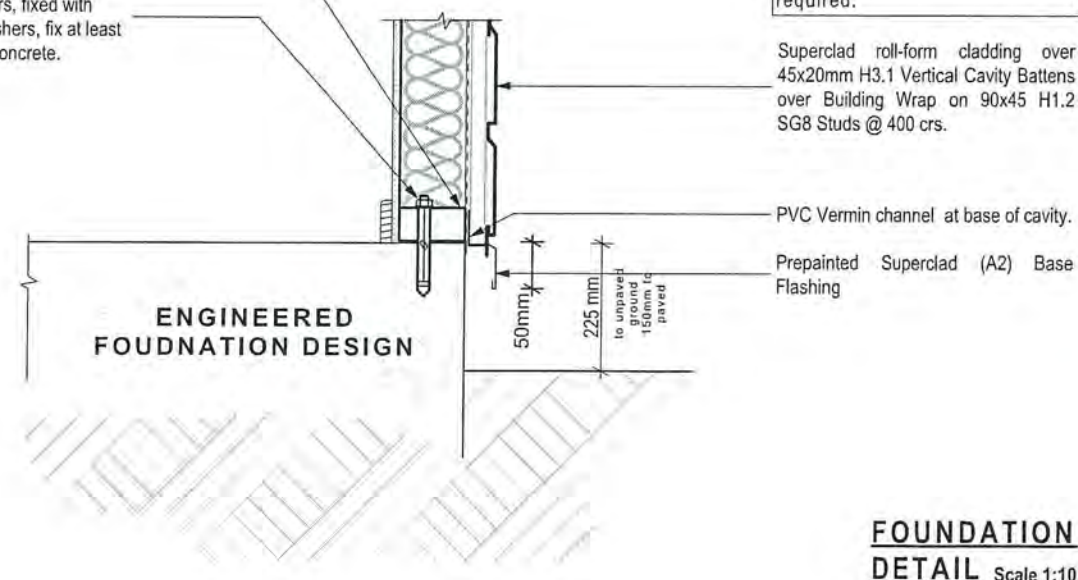
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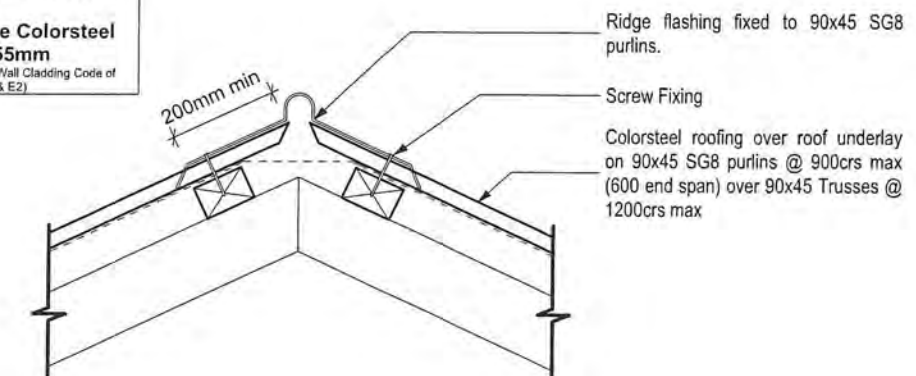
BY:

**SUPERCLAD SOFFIT  
DETAIL**

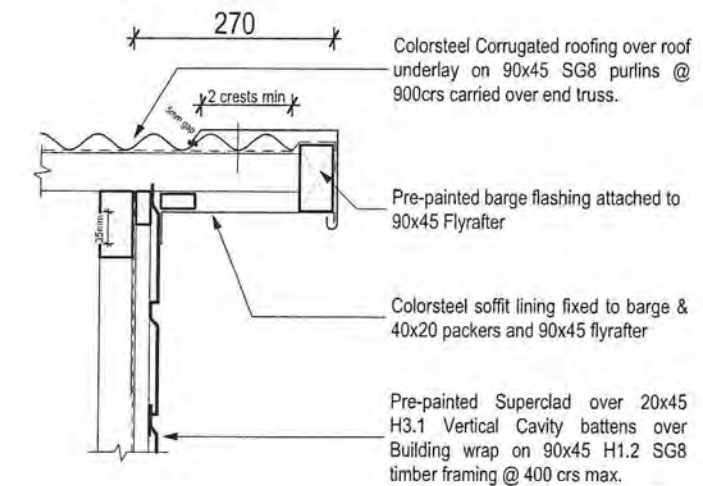
Scale 1:10

Bottom Plate on DPC to extend over  
slab 5mmBottom plate fixing M12 x 140  
Through bolt @ 900crs, fixed with  
galv 50x50x3mm washers, fix at least  
50mm from edge of concrete.**FOUNDATION  
DETAIL**

Scale 1:10

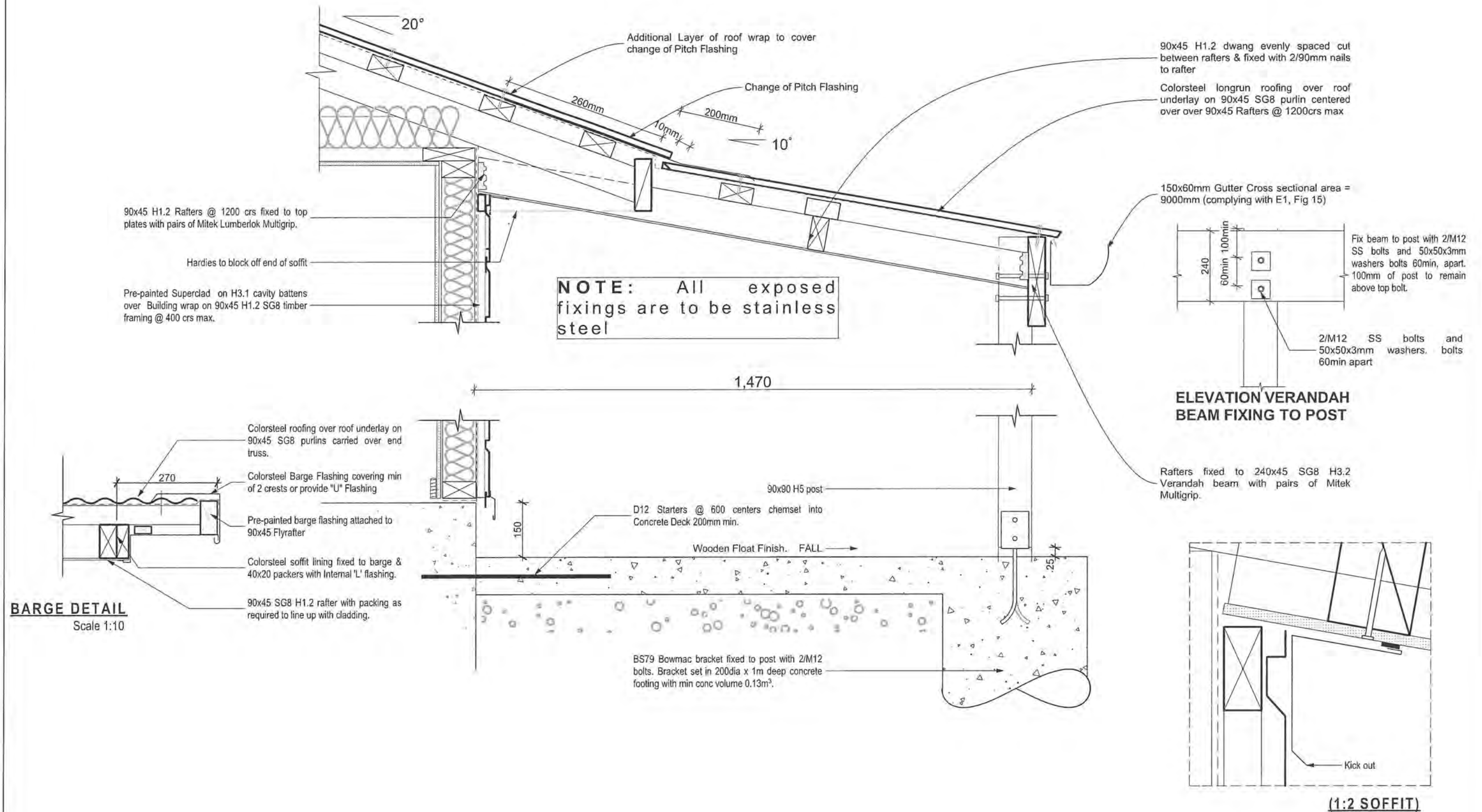
Roof underlay must be lapped by  
150mm min on all sidesFlashings to be Colorsteel  
BMT 0.55mm  
(As per NZ Metal Roof & Wall Cladding Code of  
Practice & E2)**RIDGE DETAIL**

Scale 1:10

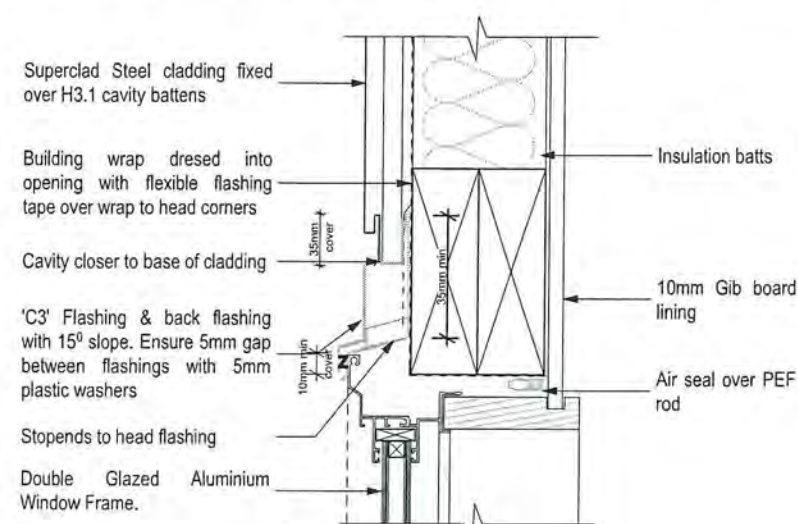
**SUPERCLAD BARGE  
DETAIL**

Scale 1:10

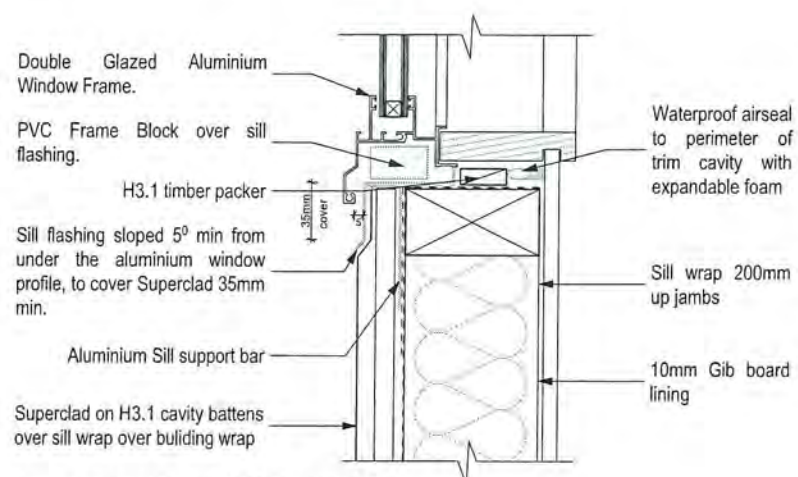




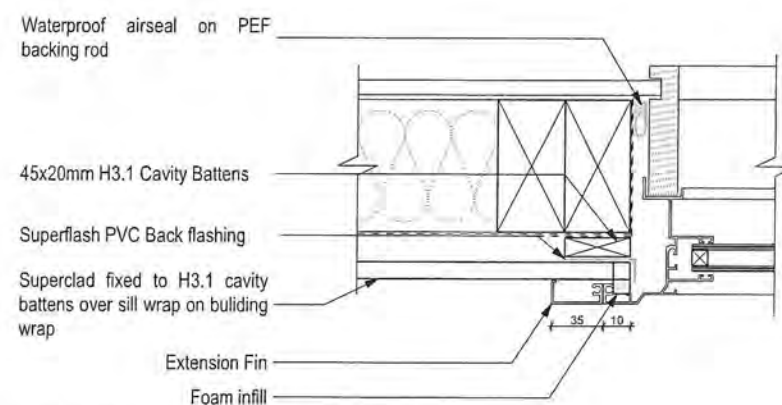


**ALUMINIUM WINDOW HEAD  
DETAIL**

Scale 1:5

**ALUMINIUM WINDOW SILL  
DETAIL**

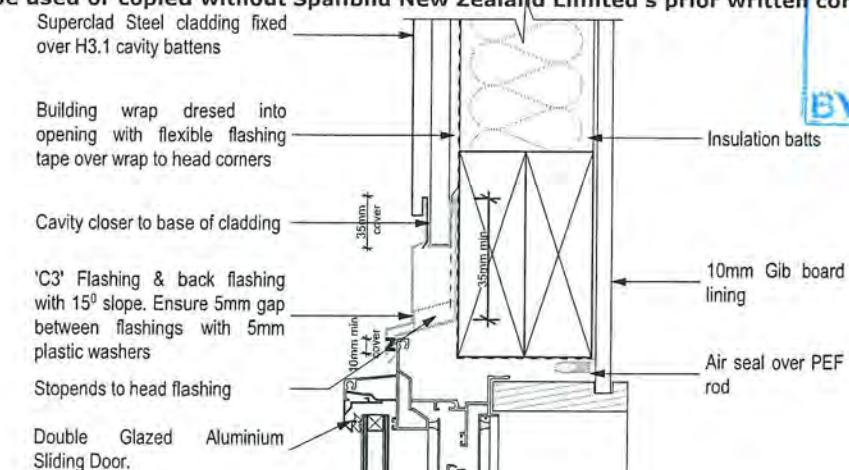
Scale 1:5

**ALUMINIUM WINDOW JAMB  
DETAIL**

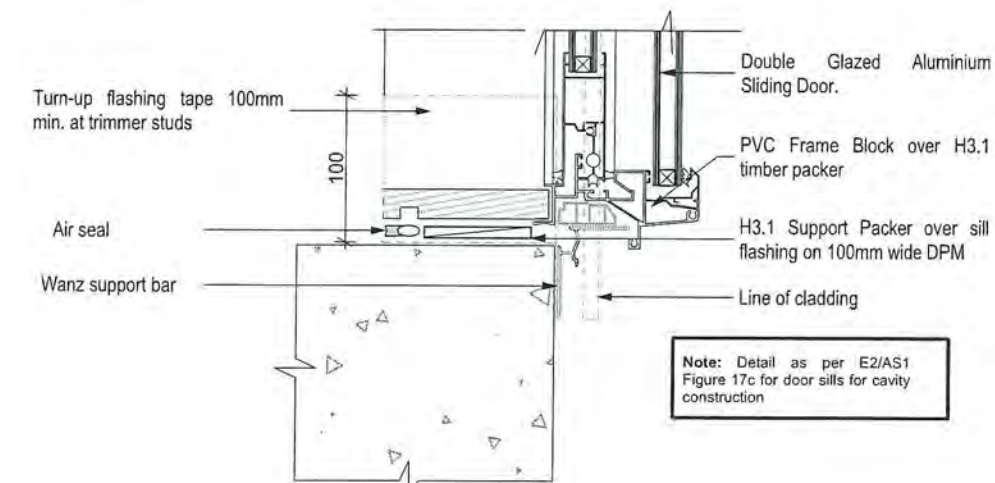
Scale 1:5

**9.1.10.4 Head flashings**

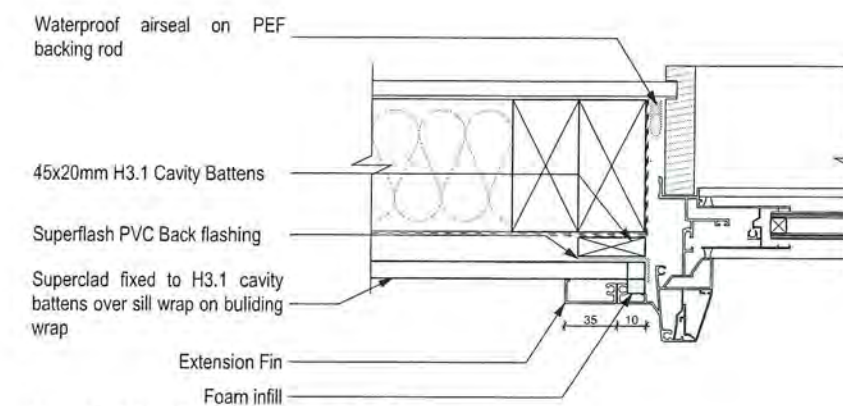
E) For Very High and Extra high wind zones, have sealant installed between underside of head flashing and top edge of window head flange - Refer Figure 71 (C)

**Figure 71: General sealing of head flashing**  
Paragraphs 9.1.7, 9.1.10.3 and 9.1.10.4**(c) METAL HEAD FLASHING SEALANT FOR  
VERY HIGH AND EXTRA HIGH WIND ZONES****ALUMINIUM SLIDER HEAD  
DETAIL**

Scale 1:5

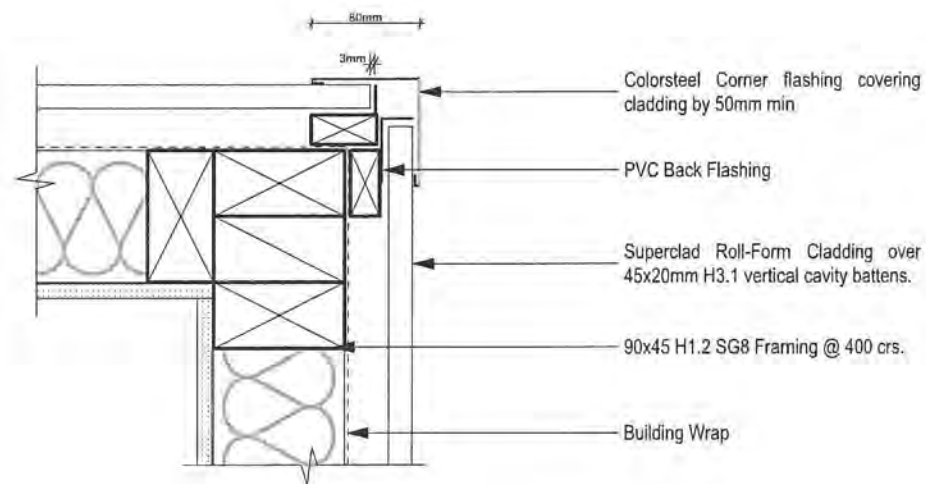
**ALUMINIUM SLIDER SILL  
DETAIL**

Scale 1:5

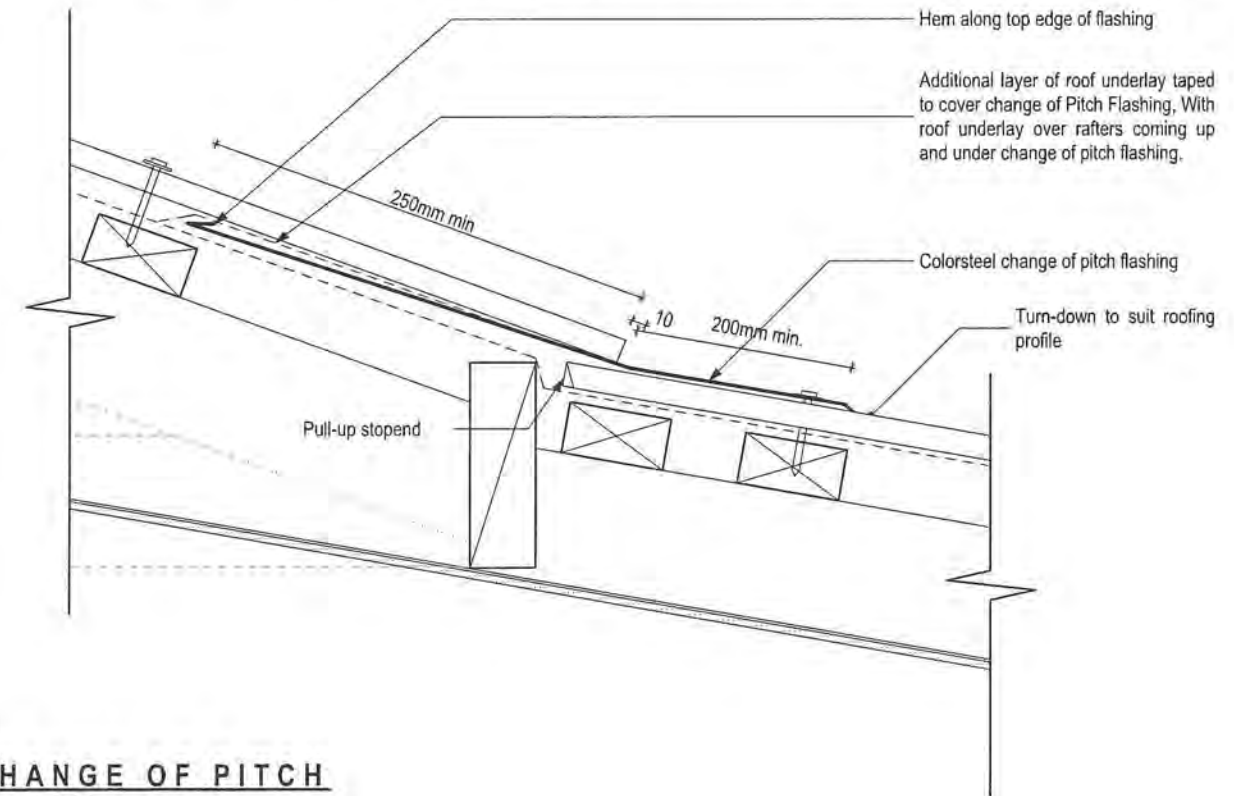
**ALUMINIUM SLIDER JAMB  
DETAIL**

Scale 1:5

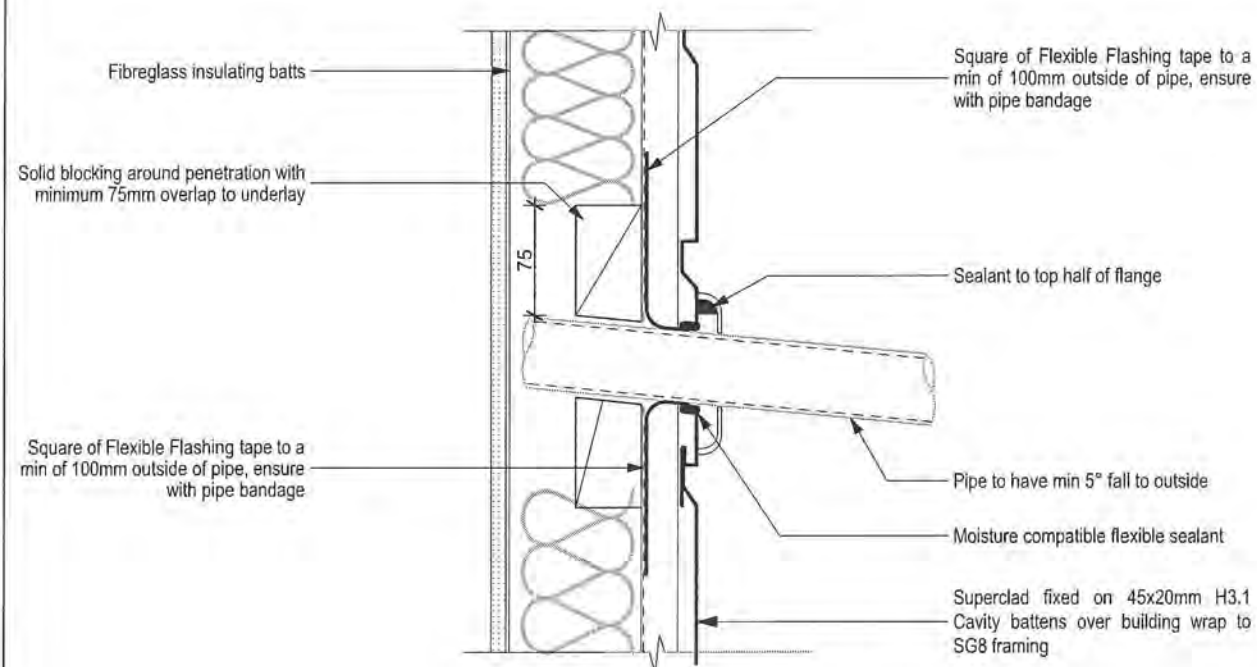




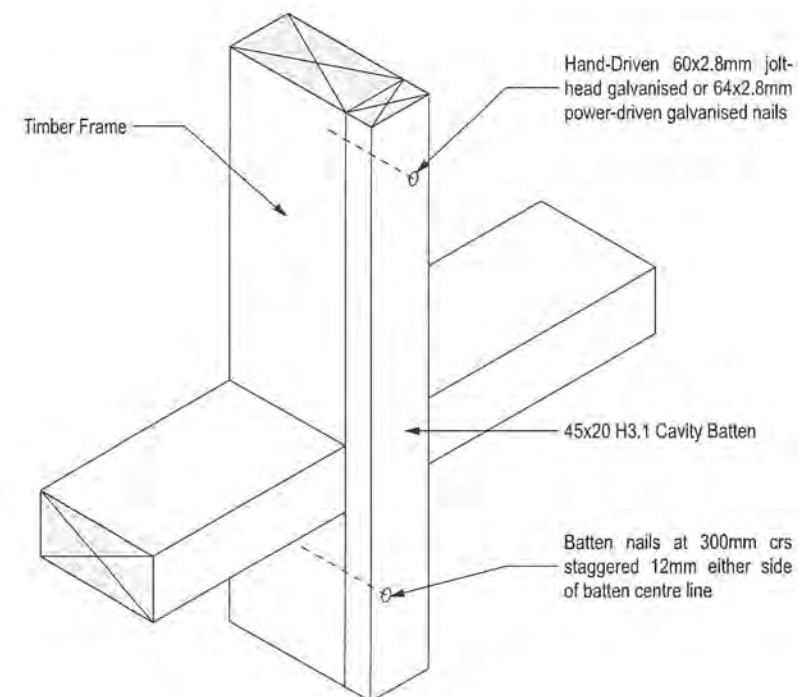
**EXTERNAL CORNER  
DETAIL** Scale 1:5



**CHANGE OF PITCH  
DETAIL** Scale 1:5



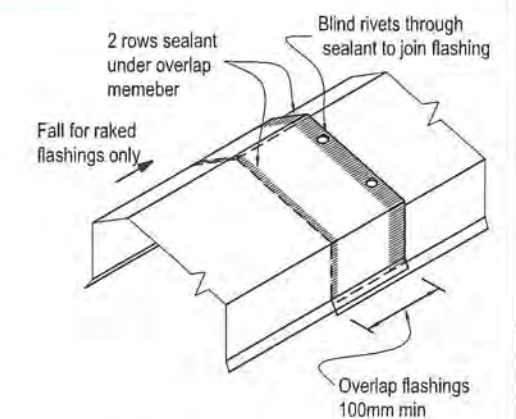
**PIPE PENETRATION  
DETAIL** Scale 1:5



**Structurally Fixed  
Cavity Batten**

Note: Building wrap  
omitted for clarity

**Figure 6:** Joints in metal flashings  
Paragraphs 4.5.2, 8.4.11.1, 9.6.7



(a) FLASHING SEALED JOINT

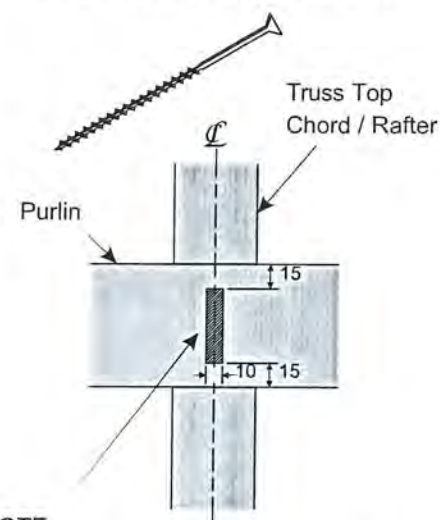


# **PURLIN FIXINGS:** (MiTek alternative solution to NZS 3604:2011 Table 10.10)

ROOF WEIGHT	MAX. PURLIN SPAN (mm)	MAX. PURLIN CRS. (mm)	WIND ZONE				
			L	M	H	VH	EH
HEAVY ROOF Tile Battens	900	370	A	A	A	A	A
LIGHT ROOF Tile Battens	900	370	A	A	B	C	C
	1200	370	A	B	C	C	C
LIGHT ROOF Purlins	900	900	C	C	C	C	D
	1200	900	C	C	C	(D)	D
	1200	1200	C	C	D	E	E

## **FIXING TOLERANCES**

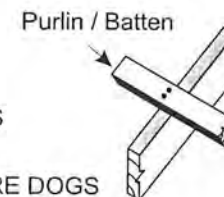
### **LUMBERLOK BLUE SCREW**



NOTE:  
Locate fixings within the shaded area. Care to be taken to avoid over tightening of screws.

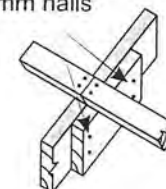
### **FIXING TYPE D 3.45kN**

2 BLUE SCREWS  
OR  
2 SKEW NAILS plus 2 WIRE DOGS  
(for purlin on edge)



### **FIXING TYPE C, D or E OVER PURLIN SPLICE**

90 x 35mm block fixed  
to chord or rafter with  
4 x 75mm nails



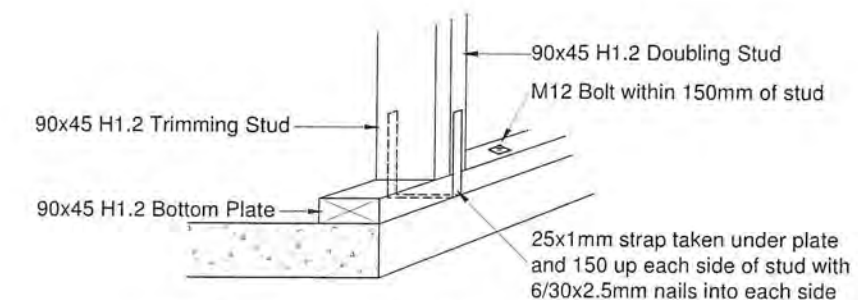
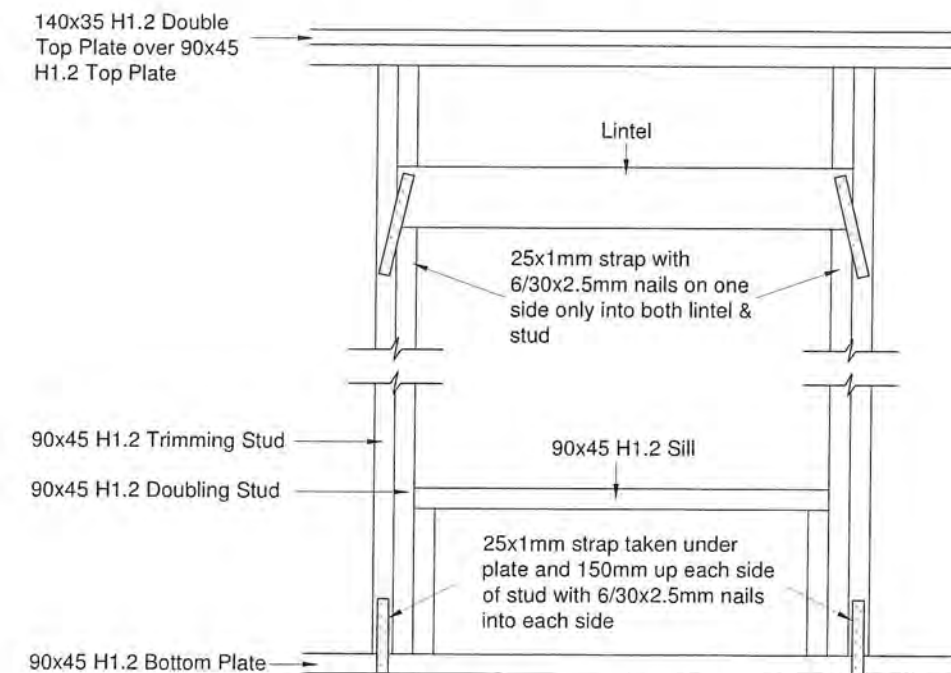
• TYPE C  
1 SCREW  
to each purlin

• TYPE D & E  
1 NAIL plus 1 SCREW to each purlin

## **NOTE:**

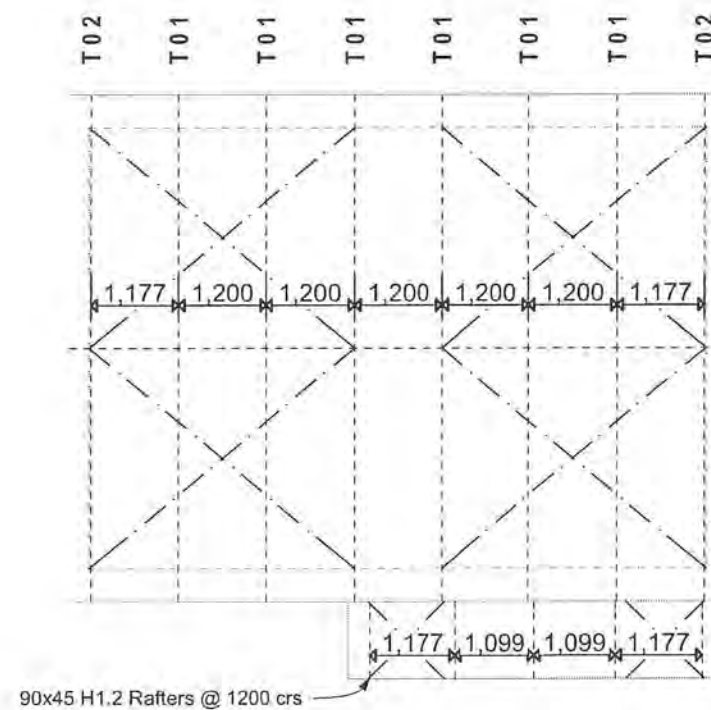
- ★ All purlin and batten sizes are as per NZS 3604:2011.
- ★ All fixings assume that the purlin and battens are installed on their flat over the top of the rafter or truss.
- ★ The minimum fixing requirements apply to all purlin locations within the roof area.
- ★ The LUMBERLOK BLUE SCREW where specified requires a minimum of 30mm penetration into rafter or truss i.e. it is suitable for rough sawn timber up to 50mm thick at 18% moisture content.

All lintels require Lintels Fixings as per NZS3604:2011



STUD TO BOTTOM PLATE FIXING DETAIL



Span and Load Chart:

Live Load = Top Chord - 1.1kN concentrated load, 0.25kPa uniform load. Bottom Chord - 0.9kN concentrated load above 1200mm head height and 1.4kN load above 1200mm head height.  
 Dead Load = 0.15 kPa (Top Chord), 0.20 kPa (Bottom Chord) trusses @ 1200crs with ceiling.

Wind: Roof = Cfig = -1,1

Purlin Spacing = 900 max

Truss Centres	Wind Load
1200	Very High

All top and bottom chords are to be H1.2 SG10 90x45 and webs to be min H1.2 SG8 70x45 Pinus Radidata

Treatment: Boron H1.2  
 Moisture Content: Dry

Roof Bracing:

Single row of tensioned Strip Brace over top chords/purlins.  
 5/ 30x3.15 nails each end  
 2/ 30x3.15 nail each cross (top chord/purlin)

Truss Fixing:  
 2xCPC40 per each end of truss

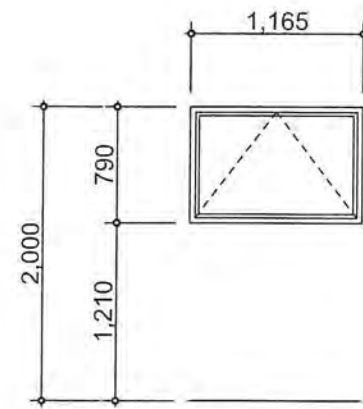


THIS IS A C.A.D. DRAWING AND MUST NOT BE ALTERED BY MANUAL METHODS

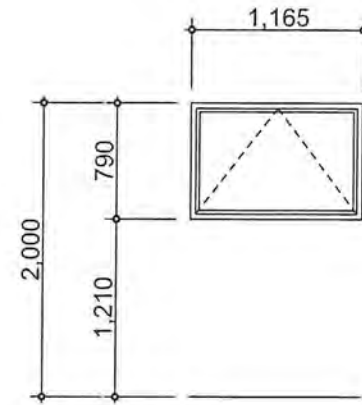
CONTRACTOR TO VERIFY ALL DIMENSIONS PRIOR TO STARTING

ALL DIMENSIONS IN MM UNLESS STATED

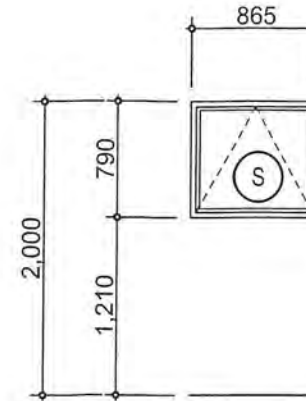
©Spanbild New Zealand Limited. Copyright vests in, and at all times remains with, Spanbild New Zealand Limited and cannot be used or copied without Spanbild New Zealand Limited's prior written consent



3B

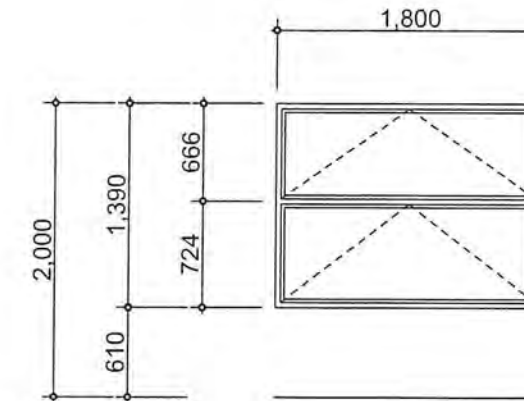


3B

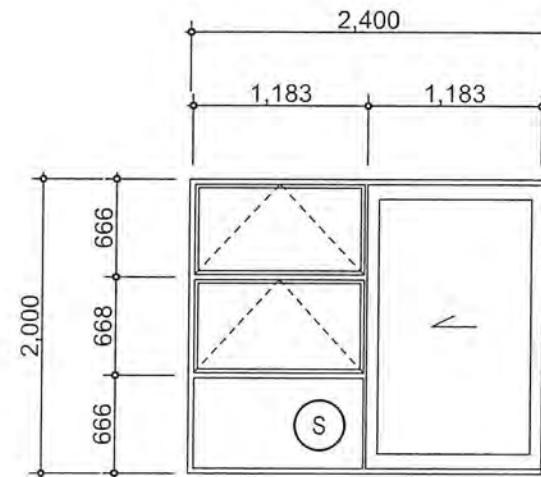


4A

OPAQUE  
Safety glass

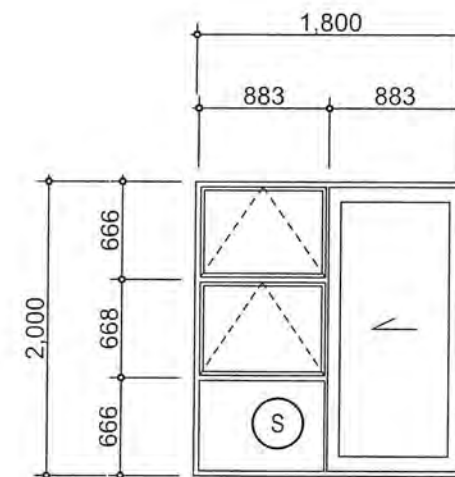


S7



SD7

Safety glass



SD8

Safety glass

Finish	Powdercoated aluminium
Reveal	H3.1 Paint finished grooved pinus radiata
Glazing	Clear Double glazed as per NZS4223
Frame	35mm Residential Suite



J0014



Form 2A

**Memorandum from licensed building practitioner: Certificate of design work**  
**Section 30C or section 45, Building Act 2004**

**The building**

2 Bedroom self-contained unit

**The owner**

Name: Jude Wadsworth

Address: 137 Weggery Drive Waikanae

Telephone number: Craig Smith Versatile Homes and Buildings 0274827029

Email address: Craigs@versatile-wgn.co.nz

**Identification of design work that is restricted building work**

I carried out or supervised the following design work that is restricted building work:

Design work that is restricted building work	Description	Carried out/ supervised	Reference to plans and specifications
<b>Primary structure</b>			
Foundations and wind zone determination (X)	Investigation and design of foundations and wind zone determination for self-contained unit	(X) Carried out	Foundation report and plans(10pp) Wind zone report (3pp)

Are waivers or modifications of the building code required? ( ) Yes (X) No

**Issued by**

Name: Stuart Dean Clark

LBP or registration number: 58384

The practitioner is a: ( ) Design LBP ( ) Registered architect (X) Chartered professional engineer

Mailing address: PO Box 40-339 Upper Hutt

Street address : 81 Gillespies Rd Upper Hutt

Phone number: Landline: 04 5264109 Mobile: 027 4492837

Daytime: 0274 492837 After hours: 04 5264180

Fax number: 04 5264190 Email address: stu@nzet.net.nz

**Declaration**

I Stuart Dean Clark

State that I have applied the skill and care reasonably required of a competent design professional in carrying out or supervising the Restricted Building Work described on this form and that based on this I also state that the RBW: (a) complies with the building code;

Signature:



---

Date: 05/07/2016

---



00022



## Memorandum from licensed building practitioner: Certificate of design work

### Section 45 and section 30C, Building Act 2004

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

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

THE BUILDING	
Street address: 137 Weggery Drive	
Suburb:	
Town/City: Waikanae	Postcode:

THE OWNER(S)	
Name(s): Jude Wadsworth	
Mailing address: 137 Weggery Drive	
Suburb:	PO Box/Private Bag:
Town/City: Waikanae	Postcode:
Phone number:	Email address:



## BASIC FOR PREPARING THIS MEMORANDUM

I am providing this memorandum in my role as the: Please tick the option that applies ☒

- ☐ **sole** designer of all of the RBW design outlined in this memorandum – I carried out all of the RBW design work myself – no other person will be providing any additional memoranda for the project
- ☒ **lead** designer who carried out some of the RBW design myself but also supervised other designers – this memorandum covers their RBW design work as well as mine, and **no other** person will be providing any additional memoranda for the project
- ☐ **lead** designer for all but specific elements of RBW – this memorandum only covers the RBW design work that I carried out or supervised and the **other** designers will provide their own memorandum relating to their specific RBW design
- ☐ **specialist** designer who carried out specific elements of RBW design work as outlined in this memorandum – other designers will be providing a memorandum covering the remaining RBW design work

## MEMORANDUM FROM LICENSED BUILDING PRACTITIONER'S MEMORANDUM DESIGN WORK

I Dean Murphy carried out / supervised the following design work that is restricted building work

## MEMORANDUM DESIGN WORK

Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included. Cross <input checked="" type="checkbox"/> if excluded	If appropriate, provide details of the RBW	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
<b>All</b> RBW design work relating to B1 <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised	
Foundations and subfloor framing <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised	



Design work that is RBW		Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included. Cross <input checked="" type="checkbox"/> if excluded		If appropriate, provide details of the RBW	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
Walls	<input type="checkbox"/>	Wall framing & lintels	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	Sheets 1 - 16 Specification
Roof	<input type="checkbox"/>	Trusses, Pulirins, rafters	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	Sheets 1 - 16 Specification
Columns and beams	<input type="checkbox"/>	Verandah posts & beam	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	Sheets 1 - 16 Specification
Bracing	<input type="checkbox"/>	Wall & Roof bracing	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	Sheets 1 - 16 Specification
Other	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	



Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included. Cross <input checked="" type="checkbox"/> if excluded	If appropriate, provide details of the RBW	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
EXTERNAL MOISTURE MANAGEMENT SYSTEMS			
<b>All</b> RBW design work relating to E2		<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	<b>Sheets 1 - 16</b> <b>Specification</b>
Damp proofing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Roof cladding or roof cladding system		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Ventilation system (for example, subfloor or cavity)		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Wall cladding or wall cladding system		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Waterproofing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	



Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included. Cross <input type="checkbox"/> if excluded	If appropriate, provide details of the RBW	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
<b>FIRE SAFETY SYSTEMS C1-C4</b>			
Emergency warning systems Evacuation and fire service operation systems <input checked="" type="checkbox"/> Suppression or control systems Other		<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	Smoke Alarm
<b>Note:</b> The design of fire safety systems is only restricted building work when it involves small-to-medium apartment buildings as defined by the Building (Definition of Restricted Building Work) Order 2011.			

Waiver/modification notifications	
Waivers or modifications of the Building Code are required. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, provide details of the waivers or modifications below:	
Clause	Waiver/modification required
List relevant clause numbers of building code	Specify nature of waiver or modification of building code required



**DESIGNER**

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

Name: **Dean Murphy**

LBP or Registration number: **BP108601**

The practitioner is a: ☒ Design LBP ☐ Registered architect ☐ Chartered professional engineer

Mailing address (if different from below):

Street address/Registered office: **112 Waterloo Road**

Suburb: **Sockburn**

Town/City: **Christchurch**

PO Box/Private Bag: **PO Box 11013**

Postcode: **8013**

Phone number: **03 3491280**

Mobile: **027 432 4689**

After hours:

Fax: **03 3491283**

Email address: **dean.murphy@spanbild.co.nz**

Website: **www.spanbild.co.nz**

**DECLARATION**

I **Dean Murphy** certify that the design work that is restricted building work identified on this form:

- Complies with the building code, or
- Complies with the building code subject to any waiver or modification of the building code recorded on this form

Signature:



Date:

**27/7/2016**



Builder - the

00023



# Memorandum from licensed building practitioner: Record of building work Section 88, Building Act 2004

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

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

Street address: 137 WILKINSON DRIVE	
Suburb:	
Town/City: WILKINSON	Postcode:

Building consent number:
--------------------------

Name(s): ANDREW JENKINS JARA ENOKA, JUDITH WILKINSON	
Mailing address: 137 WILKINSON DRIVE	
Suburb:	PO Box/Private Bag:
Town/City: WILKINSON	Postcode:
Phone number: (027) 5877415	Email address: judith.wilkinson-2004@yahoo.co.nz



PRIMARY STRUCTURE		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Walls <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Columns and beams <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Bracing <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised



EXTERNAL MOISTURE MANAGEMENT SYSTEMS		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing <input checked="" type="checkbox"/>	VERSATILE BUILDINGS PO BOX 84080 MANA 8247	<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof cladding or roof cladding system <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Ventilation system (for example, subfloor or cavity) <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Wall cladding or wall cladding system <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Waterproofing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised



builder  
tbs.

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name:	LBP number:
Class(es) licensed in:	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below): 18 ULRIE ST PLUMMERCO	
Street address/Registered office: VERSATILE BUILDINGS	
Suburb: PO BOX 54060 MANA 5247	Town/City: PERIMAR
PO Box/Private Bag	Postcode:
Phone number: 2337528	Mobile:
After hours:	Fax:
Email address: marks@versatile-wg.co.nz	Website:

<b>DECLARATION</b>	
I _____ carried out or supervised the restricted building work recorded on this form.	
Signature:	_____
Date:	_____



Builder - 46a.

# Memorandum from licensed building practitioner: Record of building work

## Section 88, Building Act 2004

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

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

Street address: 137 WICKERY DRIVE	
Suburb:	
Town/City: WILKINSON	Postcode:

Building consent number:
--------------------------

Name(s): ANDREW JENKINS JARA ENOKA, JUDITH WILKINSON	
Mailing address: 137 WICKERY DRIVE	
Suburb:	PO Box/Private Bag:
Town/City: WILKINSON	Postcode:
Phone number: (027) 5877415	Email address: judith.wilkinson@yohas.co.nz



# PRIMARY STRUCTURE

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Walls <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Columns and beams <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Bracing <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised



# EXTERNAL MOISTURE MANAGEMENT SYSTEMS

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing <input checked="" type="checkbox"/>	VERSATILE BUILDINGS PO BOX 84080 MANA 2547	<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof cladding or roof cladding system <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Ventilation system (for example, subfloor or cavity) <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Wall cladding or wall cladding system <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Waterproofing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised



builder  
for

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name:	LBP number:
Class(es) licensed in:	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below): 18 ULRIK ST, PLIMMERTON	
Street address/Registered office:	
Suburb: VERSATILE BUILDINGS PO BOX 54060	Town/City:
PO Box/Private Bag MANA 5247	Postcode:
Phone number: (04) 2339520	Mobile:
After hours:	Fax:
Email address: mark@versatile-wgn.co.nz	Website:

DECLARATION	
I _____ carried out or supervised the restricted building work recorded on this form.	
Signature:	_____
Date:	_____



# Memorandum from licensed building practitioner: Record of building work

Section 88, Building Act 2004

PLUMBING / DRAINLAYING /  
GASFITTING

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

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

Street address: 137 WEGGARY DRIVE	
Suburb:	
Town/City: WAIKANA	Postcode:

Building consent number:
--------------------------

Name(s): ANDREW JENKINS, JARA ENOKA, JUDITH WADSWORTH	
Mailing address: 137 WEGGARY DRIVE	
Suburb:	PO Box/Private Bag:
Town/City: WAIKANA	Postcode:
Phone number: (027) 0877415	Email address: jude.wadsworth.2004@yahoo.co.nz



PRIMARY STRUCTURE		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Walls <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Columns and beams <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Bracing <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="radio"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised



# EXTERNAL MOISTURE MANAGEMENT SYSTEMS

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



Plumbing  
Drainlaying  
Gasfitting

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.	
Name: <u>COGIS HARDY PLUMBING &amp; DRAINAGE LTD</u>	LBP number:
Class(es) licensed in: <u>DRAINAGE LTD</u>	
Plumbers, Gasfitters and Drainlayers registration number (if applicable): <u>07200</u>	
Mailing address (if different from below):	
Street address/Registered office: <u>154 MOTUHARA ROAD, PLIMMERTON</u>	
Suburb:	Town/City:
PO Box/Private Bag	Postcode:
Phone number:	Mobile: <u>(027) 3377078</u>
After hours: <u>(027) 3377078</u>	Fax:
Email address: <u>franz-hardy@hotmail.com</u>	Website:

DECLARATION	
I _____ carried out or supervised the restricted building work recorded on this form.	
Signature: _____	
Date: _____	



7		STRUCTURAL	
		Complete for all projects incorporating specific structural design	
<input type="checkbox"/>	a	<b>Structural Calculations</b> If any design work required the services of a structural engineer, attach 2 copies of the calculations with this. The calculations must be prefaced with information explaining the design philosophy and justification of assumptions and methodologies used in analysis	<input type="checkbox"/>
<input checked="" type="checkbox"/>	b	<b>Expert Opinion (Producer Statements)</b> <i>EXISTING JOBS FLOOR</i> If this application for consent relies on any expert opinion including Producer Statements certifying compliance with the New Zealand Building Code, a copy must be attached with this application. (Note all structural Producer Statements are required to have accompanying calculations.)	<input type="checkbox"/>
8		SPECIFICATIONS	
		Complete for all applications	
<i>Note: the specification must be specific to the project and cover all aspects of the proposed work</i>			
<input checked="" type="checkbox"/>	a	<b>Specification: General</b> <ul style="list-style-type: none"> <li>• Elements of structure (size, spacing, timber treatment)</li> <li>• Finish or fixings to meet durability requirements</li> <li>• Plumbing and drainage materials and design that installation is to comply with</li> <li>• Wet area surfaces</li> <li>• Ventilation systems</li> <li>• Flooring slip resistance for access routes</li> <li>• Glazing</li> <li>• Type of smoke detectors (including existing smoke detectors where they will remain)</li> </ul>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	b	<b>External Claddings</b> For each of the following claddings provide details of the product name, manufacturer, maintenance requirements and warranties offered <ul style="list-style-type: none"> <li>• Building wraps</li> <li>• Wall claddings</li> <li>• Roof claddings</li> <li>• Membranes (roof and decks)</li> <li>• Tanking</li> <li>• Joinery</li> </ul>	<input type="checkbox"/>
9		DEMOLITION / REMOVAL	
		Complete for all projects involving demolition of significant parts of buildings or the demolition or removal of whole buildings	
<input type="checkbox"/>	a	<b>Means of Barricading the Site</b> Provide details of temporary barriers, gates which swing inwards or other means of restricting public access to the area	<input type="checkbox"/>
<input type="checkbox"/>	b	<b>Proposed Tipping Location for Demolition Materials (address/landfill)</b>	<input type="checkbox"/>
<input type="checkbox"/>	c	<b>Hazardous Building Material</b> Provide safety plan detailing the safe handling and disposal of hazardous materials	<input type="checkbox"/>
<input type="checkbox"/>	d	<b>Site Management Plan Covering</b> Management to control silt runoff, noise and dust	<input type="checkbox"/>
<input type="checkbox"/>	e	<b>Proposed Destination for Relocate Building</b>	<input type="checkbox"/>
<input type="checkbox"/>	f	<b>Access To and From the Site (including use of kerb crossings)</b>	<input type="checkbox"/>
<input type="checkbox"/>	g	<b>Specify Termination of Existing Services</b> <ul style="list-style-type: none"> <li>• Water</li> <li>• Sewer</li> <li>• Stormwater</li> </ul>	<input type="checkbox"/>