# Compliance and Electrical Safety Certificate
# Unique ID: 1877.1/E264813

This form has been designed to be used by licensed electrical workers to certify that installations or Part installations under Part 1 or Part 2 of AS/NZS 3000 are safe to be connected to the specified system of electrical supply.

## (1) Location of Installation or Part Installation

Address: 49B Inwoods Road, Parklands, Christchurch 8083

## (2) Customer / Occupier / Owner Information

Name: Vision 360

Address: 5 Kent Street, Sydenham, Christchurch 8023

Email: accounts@vision360.co.nz Phone:

## (3) Electrical Worker Information

Name: Daniel Rae Registration/Practising Licence No.: E264813

Organisation: Quality Electrical Installations

Phone: 022 072 2056 Email: dan@qei.co.nz

Name of person(s) being supervised: Paul Marney

## (4) Work Details

This work is: ☐ Is New Work ☐ Is Addition ☑ Is Alteration ☐ Is Maintenance

The prescribed electrical work is: ☐ Home Owner ☐ Low Risk ☑ General ☐ High Risk

Reference Standards: ☐ Part 1 of AS/NZS 3000 ☑ Part 2 of AS/NZS 3000 ☐ AS/NZS 3012

☐ Additional Standards

Indicate the number of each item installed or altered:

Lighting Outlets: 52 Socket Outlets: 38 Ranges: 1 Water Heaters: 1

Work Done: Wired for a new master bed, Ensuite, and WIR upstairs. New kitchen, bathroom layouts. New switch gear and lighting throughout. Installed an enclosure and RCD's to cover new power points. Installed 6kw Gree AC unit in Living and 4kw in hallway.

The work was done within the period: Date Commenced: 07/05/2025 Date Completed: 19/11/2025

## (5) Certification of Work

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

☐ Relies on manufacturer's instructions ☐ Attached/Ref

☐ Relies on Declaration of Conformity ☐ Attached/Ref

☐ Accordance with certified design ☐ Attached/Ref

Reference:

☑ Tested in accordance with ESR2010

☑ Earthing system that is correctly rated

☑ Fittings safe to connect

☑ Safe to connect to a power supply

| Test Results | |
|---|---|
| Continuity of Earthing System: | 0.02ohm |
| Insulation Resistance: | >500Mohm |
| Polarity – Correct Circuit Connections: | Pass |
| Verification of Impedance: | 0.78Ohm |
| Bonding: | Pass |
| Other: | |

Signature: Date: 19/11/2025

## (6) Electrical Safety Certificate

(to be completed by the person who connects the installation, or part installation to the power supply)

I certify that the installation, or part of the installation as described above, to which this Electrical Safety Certificate applies is connected to a power supply and is safe to use. If maintenance, alteration or addition, has not adversely affected any other part of the installation.

Name: Daniel Rae Registration/Practising Licence No: E264813

Signature: Issue Date: 19/11/2025 Connection Date: 19/11/2025

CUSTOMER – THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE RETAINED

# GASFITTING CERTIFICATE OF COMPLIANCE – GAS SAFETY CERTIFICATE

## Certificate of Compliance:

**Client Name:** Vision 360

**Reference / Job #:** | **ICP (if known):**

**Address of work:** 49B Inwoods Road

**Suburb:** Parklands **Town / City:** Christchurch

**Description of gasfitting work:** (If different gasfitting work was done by different people, state who did what gasfitting.)

Installation of the Thermann 26R Instantaneous water heater supplied by the 90kg LPG bottle station in 8kg Auto change leg.

**Gas supply pressure** 2.75 kPa **Risk classification** (tick one) ☑ Low-Risk ☐ General ☐ High-risk

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

**The work has been done in accordance with a certified design:** ☐ Yes ☑ No

If yes – identify the certified design including name, date and version. Also attach a copy of the certified design to this certificate.
(Or provide reference to readily accessible electronic format, eg Internet link.)

**Identify:**
**Link:**

**The work relies on manufacturer's instructions:** ☐ No ☑ Yes:

If yes – identify the instruction manual including name, date and version. Also attach a copy of manufacturer's instructions to this certificate.
(Or provide reference to readily accessible electronic format, eg Internet link.)

**Identify:**
**Link:** Thermann

**The work has been done in accordance with means of compliance** (specify):

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

**Were any other standards or gas code of practice required for compliance?**

☐ Yes (specify) ☑ No

**Parts of the gas installation to which this certificate relates that are safe to connect to a gas supply?**

☑ All ☐ Parts (specify)

**Date(s) on which the work was done:** 17/11/2025

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

**By signing this document I confirm that I am satisfied that the work described in this certificate of compliance has been done lawfully and safely, and that the information on this certificate is correct.**

**Certifier name:** Fraser Seddon **Registration number:** 24614

**Certifier Signature:** [signature] **Date:** 19/11/2025

## Gas Safety Certificate:

**By signing this document I confirm that the work described in this Gas Safety Certificate, and the installation or part installation, is connected to a gas supply and is safe to use.**

**Name of person authorised to certify the connection:** Fraser Seddon

**Registration number:** 24614 **Date of completion or connection** 17/11/2025

**Certifier Signature:** [signature] **Date:** 19/11/2025

This Gas Safety Certificate confirms that the gasfitting work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004.

# Producer statement construction (PS3)

**All sections of this PS3 must be completed**

Tick applicable Contractor for:

| | | | |
|---|---|---|---|
| ☐ Building | ☐ Emergency Lighting | ☐ Cladding | ☐ Escalator |
| ☐ Waterproof Membranes | ☑ Drainlayer | ☐ Fire Alarm | ☐ Lift |
| ☐ Mechanical (HVAC) | ☐ Solar Heating | ☐ Other (specify): | |

Author name:
Brett Hilling

Author company:
Pipe Dreams Drainage & Excavation Ltd

Site address:
49b Inwoods Rd

Description of building work:
Drainage repairs

Owners Details:
Vision 360

Scope of work covered by statement:
Drainage repairs (sewer) new GT, stack connection and WC

System/Product used (if applicable):
N/A

I (constructor): Brett Hilling have been engaged by

Vision 360 (applicant, designer, main contractor etc) to construct: ☑ part ☐ all

As specified in the attached particulars of Building Consent Number: and its attached conditions

I am satisfied on reasonable grounds that the building work specified above has been completed to the extent required by that Building Consent and complies with the NZ Building Code.

NZBC clauses: *[select as applicable]*

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ B1 | ☑ B2 | ☐ C1 | ☐ C2 | ☐ C3 | ☐ C4 | ☐ C5 | ☐ C6 | ☐ D1 | ☐ D2 | ☐ E1 | ☐ E2 | ☐ H1 | |
| ☐ E3 | ☐ F1 | ☐ F2 | ☐ F3 | ☐ F4 | ☐ F5 | ☐ F6 | ☐ F7 | ☐ F8 | ☐ G1 | ☐ G2 | ☐ G3 | | |
| ☐ G4 | ☐ G5 | ☐ G6 | ☐ G7 | ☐ G8 | ☐ G9 | ☐ G10 | ☐ G11 | ☐ G12 | ☑ G13 | ☐ G14 | ☐ G15 | | |

I understand that this Producer Statement, if accepted, may be relied on by the Council for the purpose of establishing compliance with the Building Consent.

Registration No: 28379 Or ☐ N/A

Qualifications/Experience:
Certified Drainlayer

| Address: | Postcode: |
|---|---|
| 64 Tovey St New Brighton | |

| Phone: | Fax: |
|---|---|
| | |

| Mobile: | Email: |
|---|---|
| 027777513 | Info@pipedreams.nz |

| Signature: | Date: |
|---|---|
|  | 20/11/2025 |

Building Consenting Unit

# Construction Statement –

## Water supply system & above ground sanitary plumbing pipework testing

**Send this Statement to:**

**Inspections Team, Building Consenting Unit, Christchurch City Council, PO Box 73013, Christchurch 8154, or email to: codecompliance@ccc.govt.nz.**

### TO: Christchurch City Council Building Consent Authority

**Issued by:** *(name of certifying plumber, holding a current licence)*

Jeremy Shivas

| In respect of Building Consent Number: | At: *(project address)* |
|---|---|
| BCN/2025/5187 | 49b Inwoods Rd |

Made by: *(building consent applicant)*

Vision 360 ltd

In relation to: *(description of work)*

Plumbing Alterations to existing house

### Water supply system

I have been engaged to undertake the plumbing work on the above approved building consent. I hereby certify that the work complies with the building consent and the NZ Building Code, and I have undertaken a pressure test for water tightness in accordance with:

| | |
|---|---|
| ☒ | NZBC G12/AS1 7.5.1 (a),(b): By pressurising the pipework to 1500 kpa for a period of not less than 15 minutes for the hot and cold water supply and checking to see that there are no leaks; **or** |
| ☐ | NZBC G12/AS1 7.5.2, NZS 7643 section 9: By pressurising the upvc. pipework to 1.5 times the maximum working pressure for a period of not less than 15 minutes and checking that there are no leaks; **or** |
| ☐ | NZBC G12 VM1, AS/NZS 3500.1:2018: By pressurising the pipework to 1500 kpa for a period of not less than 30 minutes and checking to see that there are no leaks; **or** |
| ☐ | By working pressure (only acceptable for solid/liquid fuel heater wet back connections and solar hot water systems pipework) for a period of not less than 15 minutes and checking that there are no leaks. |

For sanitary fixtures used for personal hygiene, I confirm that the anti-scald device has been set so as to not exceed:

| | |
|---|---|
| ☐ | 45°C for early childhood centres, schools, old people's homes, institutions for people with psychiatric or physical disabilities, hospitals. (G12/AS1 6.14.1(a)); **or** |
| ☒ | 50°C for all other *buildings.* (G12/AS1 6.14.1(b)) |

For hot water supply systems, I confirm the required measures to prevent the growth of Legionella bacteria:

| | |
|---|---|
| ☒ | Hot water supply system has been tested and set in accordance with G12/AS1 6.14.3; **or** |
| ☐ | Ancillary heating system (solar/heat pump) have been installed and tested in accordance with G12/AS2 3.5.1 ((a), (b) or (c)); **or** |

| | |
|---|---|
| ☐ | Chlorine disinfection, UV sterilization or high temperature system as consented to circulating systems. |

And I believe on reasonable grounds that the pipework has passed that test.

| | | |
|---|---|---|
| ☒ | All work complies with the NZBC | |
| ☒ | Building is connected to a site specific allocated water meter | |
| ☐ | Water meter serial number is: | |

### Above ground sanitary plumbing pipework

| | |
|---|---|
| ☐ | Not applicable as the building work does not include above ground sanitary plumbing pipework |

All above ground sanitary plumbing pipework has been tested to verify that the system is watertight.

| | |
|---|---|
| ☒ | By a water test in accordance with either clause 7.3 of AS/NZS 2032 or clause 15.2 of AS/NZS 3500.2 |
| ☐ | By an air test carried out in accordance with either clause 15.3 of AS/NZS 3500.2 or paragraph 8.3 of E1/VM1 |
| ☐ | By a vacuum test in accordance with clause 15.4 of AS/NZS 3500.2 |

## Certifying Plumber's Details

Name:

Jeremy Shivas

Registration number:

13640

Qualifications:

Certifying Plumber

Address:

Phone numbers:

| *work* | *mobile* | *home* | *fax* |
|---|---|---|---|
| 0272274262 | | | |

Email:

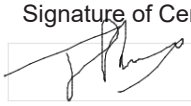
shivasplumbing@gmail.com

I hereby state that the work prescribed in this consent application has been carried out by me or my employee and that the employee holds:

*(select one)*

| | |
|---|---|
| ☒ | A current licence under part 2, subpart 1 of the Plumbers Gasfitters and Drainlayers Act 2006; **or** |
| ☐ | Is an exempt trainee under Section 13 of the Plumbers Gasfitters and Drainlayers Act 2006 and the work done by that trainee is carried out in accordance with a limited certificate issued by the Board to the trainee under section 14 of the Act. |

I also understand that the Christchurch City Council in accepting this construction statement may be relying on it to issue the code compliance certificate at the completion of the building work.

| Signature of Certifying Plumber: | Date: |
|---|---|
|  | 19/11/2025 |

LICENSED BUILDING PRACTITIONERS
Building confidence

# 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: 49b Inwoods Rd.

Suburb: Parklands Town/city: chch Postcode: 8042

## THE PROJECT

Building consent number: BCN202551187

## THE OWNERS

Name(s): Tanglewood Developments

Mailing address: 49b inwoods road

Suburb: parklands PO Box/Private Bag:

Town/City: christchurch Postcode:

Phone: 0211019557 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 | If necessary, describe the restricted building work | Tick whether you carried out the restricted building work or supervised someone else carrying out the restricted building work |
| ☑ Foundations and subfloor framing | Foundation relevel | ☐ Carried out<br>☑ Supervised |
| ☑ Walls | Internal framing. | ☐ Carried out<br>☑ Supervised |
| ☐ Roof | | ☐ Carried out<br>☐ Supervised |
| ☐ Columns and beams | | ☐ Carried out<br>☐ Supervised |
| ☑ Bracing | Install of Gib Bracing elements | ☐ Carried out<br>☑ Supervised |
| ☐ Other | | ☐ Carried out<br>☐ Supervised |

## EXTERNAL MOISTURE MANAGEMENT SYSTEMS:

| Work that is restricted building work | Description of restricted building work | Carried out or supervised |
|---|---|---|
| Tick | If necessary, describe the restricted building work | Tick whether you carried out the restricted building work or supervised someone else carrying out the restricted building work |
| ☐ Damp proofing | | ☐ Carried out<br>☐ Supervised |
| ☐ Roof cladding or roof cladding system | | ☐ Carried out<br>☐ Supervised |
| ☐ Ventilation system (for example, subfloor or cavity) | | ☐ Carried out<br>☐ Supervised |
| ☐ Wall cladding or wall cladding system | | ☐ Carried out<br>☐ Supervised |
| ☐ Waterproofing | | ☐ Carried out<br>☐ Supervised |
| ☐ Other | | ☐ Carried out<br>☐ Supervised |

## ISSUED BY

I am providing my contact details as a licensed building practitioner who is licensed to carry out or supervise work that is restricted building work.

Name: Ash MccConchie

LBP or Registration number: BP111412

Class(es) licensed in: Carpentry

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

Mailing address **(if different from below)**:

Street address/Registered office: 5 Kent street

Suburb: Sydenham

Town/City: chch

PO Box/Private Bag:

Postcode:

Phone: 0 2 7 3 2 5 1 6 2 3

Mobile:

After hours:

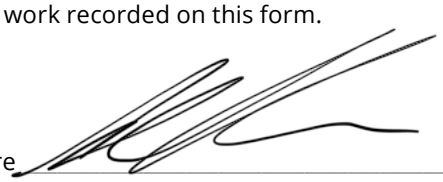
Fax:

Email address: ash@vision360.co.nz

Website:

## DECLARATION

I Ash McConchie carried out or supervised the restricted building work recorded on this form.

Applicant's signature 

Date 2 0 / 1 1 / 2 5

day month year