

# NZ BRICK & BLOCKLAYERS ASSOCIATION



Memorandum from licensed building practitioner:

Record of building work

Section 88, Building Act 2004 Form 6A



JOB No.

INVOICE No. 11463

## The Building

Street address of building: LOT 46 Simpson cres Laumatai

## The project

Building consent number: 130603

## The owner

Name: <u>Kathleen Clement, Paul French</u>	Address:
Telephone: <u>021 950151</u>	<u>15 Above</u>
Email:	

## Record of work that is restricted building work

Work that is restricted building work	Description	Carried out/ supervised
<b>Primary structure</b>		
Foundations and subfloor framing	( )	( ) Carried out ( ) Supervised
Walls	( )	( ) Carried out ( ) Supervised
Columns and beams	( )	( ) Carried out ( ) Supervised
Other	( )	( ) Carried out ( ) Supervised
<b>External moisture management systems</b>		
Damp proofing & Penetrations	( )	( ) Carried out ( ) Supervised
Wall cladding or wall system	<input checked="" type="checkbox"/> <u>Brick Veneer</u>	( ) Carried out ( ) Supervised
Other	( )	( ) Carried out ( ) Supervised

## Issued by

Name: Jason Bean  
 LBP number: 106 353 Class(es) licensed in B1 + B2  
 Mailing address: 218 Pythonsmu Rd Te Rapa

Street address or registered office:

Telephone: Landline: 021 518071

Daytime: After hours:

Facsimile: Email:

## Declaration

I Jason Bean (name of practitioner)

~~carried out~~ or supervised the restricted building work recorded on this form.

Signature: Jason Bean Date: 9/1/14

WHITE COPY - TA

BLUE COPY - HOMEOWNER

GREEN COPY - TRADESMAN

# CHECKSHEET: SINGLE RESIDENTIAL DWELLING AND ACCESSORY BUILDING

including single stand-alone dwellings, dwelling additions and/or alterations, re-piling, garages, decks, gazebos, sheds, retaining walls etc.

Kapiti Coast District Council,  
175 Rimu Road, Paraparaumu 5032  
Private Bag 60601, Paraparaumu 5254  
For enquiries, phone 04 296 4700

- 5 SEP 2013  
BY: *[Signature]*

Address of Project: 12 Simpson Crescent, Raumati

This checksheet shows you the information that has to be supplied with your building consent application. Please attach 2 copies of the following information (unless otherwise specified) with your completed Building Consent Application form.

Please tick relevant box in the Customer Use column as you attach the information. If the box is not relevant to your application, write NA across the box. Please check each section carefully and complete those sections that are relevant to your project.

Once you have attached all the required information, please check for completeness as an incomplete application or lack of any supporting information will mean that your application cannot be accepted for processing.

An Application Form is attached to this checksheet — Please include this checksheet with your application

Customer Use	GENERAL		For Office Use Only
	Complete this section for all applications		
<input checked="" type="checkbox"/>	a <b>Building Consent Application form (1copy)</b> Completed and signed by the owner or by an agent on behalf of the owner		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	b <b>Proof of ownership (1 copy)</b> One recent copy of <u>current</u> certificates/s of title (i.e. not older than 3 months) or where applicable one copy of purchase agreement (if recently purchased) or one copy of relevant portions of current lease		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	c <b>Locality Plan (1:500) showing:</b> Physical location of the subject building in relation to streets or landmarks, north point, name of building and lot and DP number.		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	d <b>Site Plan (1:100) showing:</b> Dimensions of all boundaries, north point, finished floor levels, ground contours (extended to boundaries) and/or levels, site area, street name and number, lot and DP number, outline of building, distance to boundaries and the position of swimming or spa pools. Include on the site plan the designated wind zone of the site (e.g. specific design, very high, high, medium or low).		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	e <b>Application Fee</b> Applications will not be accepted without payment of the appropriate fees. Fees payable are set out in the published fee schedule of the council that has jurisdiction over the project site.		<input checked="" type="checkbox"/>

**For office use only** Received on the grounds that all information appears to have been provided to enable assessment for compliance in accordance with the Building Act 2004 and the NZ Building Code:

Name: *Caron Smith*

Signature: *[Signature]*

. 7.9.2013

## CHANGE OF USE

Complete for all existing buildings where the proposal involves forming a household unit where one did not exist before.

Example: the conversion of a garage or shed into a residential unit

<input checked="" type="checkbox"/>	a	<b>Assessment of the building for compliance with the building code</b> Section 115(a) of the Building Act 2004 requires that the building, in its new use, complies fully with all clauses of the building code	<input type="checkbox"/>
<input type="checkbox"/>	b	<b>Reasonably practicable</b> The above assessment must relate to all building code clauses. If the proposal is for the project to meet anything less than full compliance with any clauses, your application must clearly state your reasoning, with supporting documentation, and show how you will meet the highest level of compliance that can be considered reasonably practicable.	<input type="checkbox"/>

## FOUNDATIONS / FLOOR

Complete for all new buildings, for existing buildings where the footprint of the building will change or where an additional storey is being added

<input checked="" type="checkbox"/>	a	<b>Foundation Plan (1:100 / 1:50) showing:</b> <ul style="list-style-type: none"> <li>Dimensions of all new foundations</li> <li>Sub-floor, including bracing</li> <li>Footing details</li> <li>If a concrete slab, show basic details including reinforcing and contractions joints</li> <li>Piles and footing</li> <li>If the addition is an upper storey show details on upgrading existing foundations, joints, piles etc</li> <li>Indicate ventilation to sub floor spaces</li> </ul>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	b	<b>Subfloor bracing</b> Provide subfloor bracing plan and calculations for all piled structures. Where the structure is specifically engineered, this should be included with the structural calculations. Subfloor bracing plan and calculations are required where an additional storey is to be added	<input checked="" type="checkbox"/>

## CONSTRUCTION

Complete for all new structures or alterations to existing structures.

<input type="checkbox"/>	a	<b>Existing floor plan (1:100 / 1:50) showing:</b> (For additions and alterations only) <ul style="list-style-type: none"> <li>All levels</li> <li>All designated spaces</li> <li>All removals</li> <li>Sanitary fixtures</li> <li>Smoke detectors</li> </ul>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	b	<b>Proposed floor plans (1:100 / 1:50) showing:</b> <ul style="list-style-type: none"> <li>Room dimensions</li> <li>Location of partitions</li> <li>All designated spaces</li> <li>All floors (new or altered)</li> <li>Location of sanitary fixtures</li> <li>Stairs, barriers, handrails, floor joists and beams</li> <li>Floor joist layout for each level with timber floors</li> <li>Smoke detectors</li> <li>Note where wall will form part of the swimming pool fence</li> </ul>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	c	<b>Pre-nail Truss and Frames:</b> <ul style="list-style-type: none"> <li>Specific design wall framing requires clarification</li> <li>Truss layout must be supported by design certification and design of fixing details, including consideration of load paths to ground</li> <li>Lintels carrying point loads, such as from girder trusses, require specific engineering design</li> </ul>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	d	<b>Wall bracing plan (1:100 / 1:50) showing:</b> <ul style="list-style-type: none"> <li>Bracing details and calculations for wall bracing (also required for existing lower storeys where an additional storey is being added)</li> <li>Sub-floor bracing for decks projecting more than 2m from the house</li> <li>Location, type and number of bracing elements to indicate compliance with NZS 3604:1999 (include calculations)</li> <li>If the bracing was specifically designed by a structural engineer, provide calculations (required for specific design wind zones and lateral distribution of upper floor loads where lower storey bracing is provided in walls beyond the upper storey footprint)</li> </ul>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	e	<b>Sections and details (1:50 / 1:20 / 1:10) showing:</b> <ul style="list-style-type: none"> <li>Foundation details involving reinforcing and connections</li> <li>Stairs, handrails, decks and decking</li> <li>Insulation systems and materials to floors, walls and roof</li> <li>Barriers providing safety from falling. Specific engineering design required where detail does not comply with NZBC B1/AS2</li> <li>Framing sizes, beams, lintels</li> <li>Roof cladding, eaves, fascias, gutters</li> <li>Flashings to openings</li> <li>Fire rated systems on all walls – closer than 1 metre to boundary</li> <li>Stud heights of rooms and total height from lowest ground floor level to top of ridge</li> <li>Window and door installation details</li> <li>Retaining wall details e.g. type, height of retained ground, relationship to boundary, waterproof membrane and proposed drainage</li> </ul>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	f	<b>Fire Report:</b> For domestic dwellings of 4 storeys or more, or buildings providing more than one household unit	<input type="checkbox"/>

## 5 EXTERNAL

Complete for new buildings or existing buildings with alterations to the external shell

<input checked="" type="checkbox"/>	a	<b>Elevations (1:100 / 1:50) showing:</b> Accurate lines form boundary to boundary on each elevation, relevant District Plan daylight control lines, the maximum height on each elevation, location of door and window openings, fixed and opening sashes, sill heights, floor levels in relation to ground levels, exterior cladding nominated to all elevations, down pipes and spouting, ventilators to sub-floor area (suspended floors only)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	b	<b>Risk assessment</b> ( <i>Risk matrix in E2/AS1 may be used for buildings within scope</i> ) Consider exposure, design and detailing to support appropriate selection of cladding	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	c	<b>Cladding details (1:50 / 1:20 / 1:10)</b> Provide details around all penetrations, joinery and other junctions at a level appropriate to the level of risk e.g. roof/wall, balcony/wall, junction of different types of cladding, back flashing details for cavity systems	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	d	<b>Production certification</b> Supply copies of product certificates relied on as compliance documents	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	e	<b>Alternative solutions</b> If the proposal uses products or systems that are not covered in the Acceptable Solutions of clause E2 of the building code provide supporting current information including test results (fully signed reports), case studies, expert opinion (including evidence of experience/qualification, basis for forming opinion and statement of independence) etc to demonstrate compliance.	<input checked="" type="checkbox"/>

## 6 SERVICES

Complete for all projects with new installations or alteration of plumbing or drainage services

<input checked="" type="checkbox"/>	a	<b>Plumbing and Drainage plan 1:100 / 1:50) showing:</b> <i>Note: if you have supplied drainage details for surface water disposal on the site plan, no drainage plan is required.</i> <ul style="list-style-type: none"> <li>Sizes of pipe work and drains</li> </ul>	<input checked="" type="checkbox"/>
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		<ul style="list-style-type: none"> <li>• Fixtures and fittings, hot water system(s)</li> <li>• If the building is more than one storey with sanitary fittings on upper floors, provide an isometric layout showing wastes, pipes and falls</li> <li>• Drainage layout with inspection bends and junctions indicated for both sewer and storm water</li> <li>• Any other drainage on site including council mains and retaining wall field drains</li> <li>• Ventilation of sanitary rooms</li> <li>• Calculations for sizing of down pipes</li> <li>• Gully traps including overflow relief gullies</li> </ul>	
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## STRUCTURAL

Complete for all projects incorporating specific structural design

<input checked="" 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 checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	b	<b>Expert Opinion (Producer Statements):</b> 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 checked="" type="checkbox"/>

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## SPECIFICATIONS

Complete for all applications

*Note: the specification must be specific to the project and cover all aspects of the proposed work*

<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 checked="" 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 checked="" type="checkbox"/>

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## 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	<p><b>Specify termination of existing services</b></p> <ul style="list-style-type: none"> <li>• Water</li> <li>• Sewer</li> <li>• Storm water</li> </ul>	<input type="checkbox"/>
<input type="checkbox"/>	h	<p><b>Details about the building such as:</b> Number of storeys, type of materials the building is constructed (Photographs of the building would be useful)</p>	<input type="checkbox"/>
		<p><b>Note</b> You will need to contact the relevant service authorities specified below to advise them of the extent of your work: Electricity, gas, drainage, water, transport, telecommunications, cable television or any other services that may be affected.</p> <p><b>Transportation of relocated building</b> You will be required to contact and provide details to Councils Transportation and Traffic Department.</p>	
10		<b>OTHER APPROVALS</b> Complete for all projects involving demolition of significant parts of buildings or the demolition or removal of whole buildings.	
<input type="checkbox"/>		<p>Please check territorial authority regarding the requirement for other approvals required and fees payable. These may include:</p> <ul style="list-style-type: none"> <li>• Consents under the Resource Management Act</li> <li>• Approvals under bylaws including earthworks, vehicle crossings, road openings and water connections.</li> </ul> <p>Show the location of swimming or spa pools on the property and describe how compliance with the fencing of Swimming Pools Act will be achieved.</p>	<input type="checkbox"/>

The issue of a building consent does not relieve the owner of any duty or responsibility under any other act.

# BUILDING CONSENT DOCUMENTATION FILED

Building Consent Number:	130603
Street Address:	12 Simpson Crescent

Tick indicates documents (s) included in this Building Consent		✓
Building Consent Application		✓
Application checksheet		✓
Costing schedule		✓
Plans and specifications		✓
Invoice and receipt		✓
Processing records/checksheets		✓
Inspection page printouts		✓
1 - 25	51	56
Building consent and memorandum		✓
Inspection reports		✓
Application for CCC		✓
Code of Compliance Certificate		✓
Producer statements and supporting documentation		✓
Peer review documents		NP
Fire design documents		NP
Requests for further information and other correspondence		NP
Amendments		NP
Supplementary information		NP
Energy work certificates		✓
Notices to Fix		NP

This form comprises part of the Building Consent documentation and indicates the contents of the Building Consent File.

# CODE COMPLIANCE CERTIFICATE

## REVIEW CHECKSHEET

**Criteria: All building work except for minor works or major projects.**  
Refer QAS: B14, B15, B16



Address of Project:	12 Simpson Crescent		
Date:	BC No:	130603	

	N/A	Yes	No
Application for Code Compliance Certificate (Form 278) completed?		✓	
Confirm all required inspections and been completed and passed		✓	
If Inspections have been missed, what supporting info and method of verification has been provided to compensate for missed inspections?			
	N/A	Yes	No
Work in accordance with approved consent and approved amendments		✓	
If no, has NTF been issued?			
Have items of non-compliance been resolved and NTF uplifted?			

*Note: If work is not in accordance with consent, (and approved amendments) or NTF matters have not been resolved, suspend application for Code compliance Certificate.*

### Supporting documentation required in building consent addenda. Form completed during BC Approval process

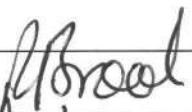
Tick indicates yes, N/Z indicates considered – but not applicable	Req'd	Supplied	Accept
copy of electrical certificate	✓	✓	✓
copy of gas certificate	if any ✓		
an "as-built" drainage plan	✓		
plumbing (Form 125) for pressure test and installation piped services	✓		
drainage (Form 126) for stormwater installation	✓		
drainage (Form 127) for private sewer installation	✓		
a Construction Review (PS4) statement for Structural engineering	✓		
a Construction Review (PS4) statement for Fire engineering			
a Construction Review (PS4) statement for Geo-technical engineering			
Roof cladding warranty	✓	✓	✓
Solar water heating technical specifications			
wall cladding/texture coating installation applicator warranty			
a copy of the lift certificate <i>water tank size cert installed</i>	✓	✓	✓
a certificate from the fire alarm installer			
a certificate from the sprinkler certifier		✓	✓
a copy of wet-area membrane installers warranty	✓	✓	✓
A copy of deck membrane manufacturer's installers warranty/guarantee			
FPIS (verifier) Fire Systems Certification			
A copy of windows			
A copy of water tank warranty			
A copy of septic tank warranty			
Record of work <i>Builder Roofers</i>	✓	✓	✓

If specified supporting documentation has not been provided, what alternative information or verification method has been provided to compensate. (describe):

Compliance Schedule	Yes	No
Is a new or amended compliance schedule required?		
If "Y" Has it been issued? (Refer note below)		
If the new/ revised compliance schedule has not been issued, what action has been taken to ensure it will be issued? Outline:		

*Note: If the draft/ revised compliance schedule has not been issued, the Code Compliance Certificate cannot be issued. Suspend issuing CCC until this matter is addressed.*

Building Consent Requirements	Yes	No
Are there any item specified in the building consent or PIM that have not been completed. Outline:		
Are there any development impact fees to be paid outstanding? (if Yes, CCC cannot be issued)		
Approve to issue Code Compliance Certificate if all other outstanding fees are paid		

Building officer:	Co-reviewer:
Signature: 	Signature: 
Date: 27-1-14	Date: 29/1/14
Name: C. WATSON	Name: Russeen Brook



# VEHICLE CROSSING INSPECTION FORM

Building Consent: \_\_\_\_\_

Date: \_\_\_\_\_

To: Building Inspectors

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

—  
—  
—

Can you please inspect the above Vehicle Crossing, footpath and berm and return the completed form to me signed.

Thank you

Inspected by:	<i>Joe</i>	
Date Inspected:	<i>10/20/09</i>	
Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**COMMENTS:**



A handwritten signature is written across the page, appearing to read 'John Doe'.

# BUILDING CONSENT PROCESSING CHECKLIST

BC: 130603

Category: 1

## Key

N/A <input type="checkbox"/>	Not Applicable to this application. (The deletion of whole sections as N/A is permitted. For alternatives comment below each section).
No <input type="checkbox"/>	Plans, specifications & documentation not complying with the Building Code &/or Bld Act (The reason specified alongside each prompt)
Yes <input type="checkbox"/>	Plans, specifications & documentation complying with Category Bld Code &/or Bld Act (The reason specified alongside each prompt)
Note	The further information requests are identified by hand written numbers and corresponding on FIR letters / e-mails sent

## Site Plan (NZS 3604 Sec 3.4, 4.5 Code clB1, B2,E1, E2 F1&F2 Sect. 72, 75 BA04)

N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	Comments
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Wind zone High <input checked="" type="checkbox"/> High Specific (GIS)	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flooding / ponding hazards (GIS)	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slippage / fault line hazards (GIS)	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Erosion, river & coastal hazards (GIS)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Subsidence / soft soil hazards (Site inspection notes)	SED provided.
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Corrosion zone (Sea spray or Zone 1)	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil contamination (F1 GIS)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Distances to boundaries / siting (District plan)	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Floor levels / contours (E2/AS1 & NZS 3604 E1)	*P2 indicates a 2m fall on contours, note states developed flat building site - revise plan if clarity if/when.
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Two or More Allotments (Sec 75 – 83 Bld Act)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Noise / sound insulation (airport & highway)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> CT/221 notice reviewed	
Additional Comments	

## Specific Design (Verified Online PS2, B1, B2, VM1)

N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	Comments
<input type="checkbox"/> <input checked="" type="checkbox"/> PS1 Design Certificate (B1 B2 VM1)	John O'Hagan calling B1 for Slab on driven piles.
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PS2 Peer Review (B1 B2 VM1)	*PS1 - incorrect lot # note mid way down page of drawings
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Calculations (VM1)	Sk2 & SK3 omitted.
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> CPeng (Verified Online)	
Additional Comments	Craig McGhie provided revised PS1.

## Concrete / Foundation Plan (NZS 3604, NZS 4210 & 4229 E2/AS1)

N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	Comments
Layout	
<input type="checkbox"/> <input checked="" type="checkbox"/> Layout dimensions (NZS 3604)	
<input type="checkbox"/> <input checked="" type="checkbox"/> Control joints (NZS 3604)	
<input type="checkbox"/> <input checked="" type="checkbox"/> Slab thickening (NZS 3604, cl 7.5)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Alternative (specify reason)	
Section	
<input type="checkbox"/> <input checked="" type="checkbox"/> Depth & width (NZS 3604)	
<input type="checkbox"/> <input checked="" type="checkbox"/> Reinforcement (NZS 3604;B2)	
<input type="checkbox"/> <input checked="" type="checkbox"/> Plate fixings (NZS 3604;B2 cl 7.5)	
<input type="checkbox"/> <input checked="" type="checkbox"/> DPM (NZS 3604;B2)	

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Engineer design and Calcs (B1;B2)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Concrete strength (B1;B2 cl 4.8.2) <i>25 MPa</i>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Foundation wall tanking (B2, E2)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Alternative (specify reason)
Additional Comments	

<b>Timber/Subfloor (NZS3604 NZS 3602 &amp; 3640, B1, B2)</b>	
N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> <span style="float: right;">Comments</span>	
<b>Layout</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Layout dimensions
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bearers details (B1,B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Joist details (B1:B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
<b>Section</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Foundation type/size (NZS 3604;B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Piles post sizes & treatment (NZS 3604;3602;3640;B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pile c/c (NZS 3604)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fixing (NZS 3604:B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Coatings(durability) (NZS3604 ;B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ventilation& Access to sub floor spaces (NZS 3604)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
* If the addition is an upper storey show details on upgrading existing foundations, joints, piles, etc (may require Engineer design)	
Additional Comments	

<b>Floor plans / layout (B1, B2, C1-4, D1, E3, F7, G1, G2, G12 G3, G9, G11, G13)</b>	
N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> <span style="float: right;">Comments</span>	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Room dimensions
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sectional lines
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Location of partitions
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	All designated spaces
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Lintels (NZS 3604:B2)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beams (NZS 3604, B2 by engineer)
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Point loads by engineer or prenailer (B1 B2)
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Smoke detectors (F7)
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Wet areas / WCs (D1, Table 2; B2)
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Kitchen (G3)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
* Changes to existing work requires both an existing floor plan & a proposed floor plans. * Facility provided for washing utensils / food G3, Section 1.1 & Figure 1: * Preparation Area and Access to Facility Paragraphs 1.1.2 and 1.5	
Additional Comments	

<b>Wall Framing (B1, B2, B3)</b>	
N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> <span style="float: right;">Comments</span>	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Identify engineering / Structural items/ portals (B1 B2)
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	By prenailer or to NZS 3604 (B1 B2)
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Fixing types (NZS 3604 B1 B2)
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Stud c/c as per wind zone (NZS 3604 B1 B2)
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Building wrap (NZS 3604) <i>Teletfon</i>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Stud heights of rooms (NZS 3604 B1 B2)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
Additional Comments	

### Roof (NZS 3604, 3602 & 3640 B1B2E2 E2/AS1).

N/A  No  Yes

Comments

#### Trussed / by prenailer or Framed roof (NZS 3604)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fixing layout & details (B1 B2)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Correct layout (B1)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Max span (12m or Engineer) (B1)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Purlin or batten c/c (B1 B2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rafters / Beams (B1 B2)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling joists
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative (specify reason)

#### Roof cladding - Metal ; Profiled Metal; Masonry, Membranes (Code E2, E2/AS1 B2)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pitch / profile / grade (E2) <i>20° Pressed Metal tile</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underlay (E2) <i>Mineral wool 25</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashings (E3;E2, B1 B2) <i>Barge, valleys, gables, parallel vapor ridge</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets (B1 E2 B2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Membrane Roofs and substrate (Code E2/AS1 B2)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gutters, Barges & Fascias detail (Refer E2, section 8.3, cl 8.3.9)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative (specify reason)

*Installation of profiled metal roof cladding shall be by trained installers, approved by the tile manufacturer or NZ agent. In some cases experienced builders undertake installation, refer E2, section 8.4, cl 8.4.2 'General'*

Additional Comments

### Claddings (Code B1 & B2 E2/AS1, Branz good practice Guides & Weather tightness Vol 1&3)

N/A  No  Yes

Comments

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Risk matrix Cavity or direct (E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Building wrap (NZS 3604)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brick Veneer (E2/AS1; B2) <i>H&amp;V, Garage, water top of wall, bot of wall, W/B-brick abutment.</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Timber Weatherboard (E2 Branz Timber Guide Vol 1&2; B2) <i>back valency soft fit</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stucco (B1 NZS 3604 Branz good practice guide; B2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profiled Metal (E2 Metal Roofing Practice; B2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plywood (E2 ; B2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fiber Cement W/b (E2; B2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Board & Batten (Branz good practice guide; B2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fiber Cement Sheet (E2; B2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weather tightness details (E2 ; B2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative (specify reason)

Additional Comments

### Bracing (NZS 3604 B1, B2, E3)

N/A  No  Yes

Comments

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subfloor bracing (B1 & NZS 3604)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall bracing (B1 & NZS 3604)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof bracing (B1& NZS 3604)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bracing calculations (B1 & NZS 3604)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide bracing plan layout (B1 & NZS 3604)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double top plate (if > 5m) (B1 & NZS 3604. Required where ceiling lining density is ,600kg per m3 e.g. pinex)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indicate dragon tie (if > 6.m) (B1.& NZS 3604) <i>No greater than 20mm over - to framing - SORG</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diaphragm ceilings (if > 7.5m) (B1 & NZS 3604)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check for distribution (B1 & NZS 3604)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative (specify reason)

Additional Comments

**Light & Ventilation B1 G4, Clause 1.2 ; G4, clause 1.3 G7,G9 F2**N/A  No  Yes 

Comments

**General**

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Vent 5% (G4)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Light 10%. (G7)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Electrical (G9)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Mechanical ventilation (G4)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Exterior space for awareness (G7)

**Glazing**

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Safety glass (F2)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Wind zone (B1. NZS 3604 NZS4223)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Visual manifestation (NZS 4223)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
Additional Comments	

**Insulation (BRANZ Home Insulation Guide, NZS 4218, AS/NZS 2918)**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor (H1)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Wall (H1)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roof (H1)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Windows / glazing (H1)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
Additional Comments	

**Stairs / Landings / Handrails (D1,sec 4)**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stair tread & risers (D1)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Landing size (D1)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Handrail (D1)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Riser opening ( min) where children (D1)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Head Height (D1)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Alternative (specify reason)

Stair type: Minor Private: Max rise 220mm/Min tread 220mm, Secondary Private: Max rise 200mm/Min tread 250mm, Main Private: Max rise 190mm/Min tread 280mm.  
(Main private includes exterior stairs)

Additional Comments	
---------------------	--

**Decks / Balconies / Barriers (D1, F4 & NZS 3604, Section 6 & 7)**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Barrier & deck fixing durability (D1 B1 B2 F4)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Top rails, balusters, bottom rails, palings (D1 B1)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If Engineer then calculations required (B1 B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Max 3m height or Engineer (B1 B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Deck joist sizes, grade, treatment, span & spacing (D1 B1 B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Piles & bearers the correct grade, treatment, size, spacing & span (D1 B1 B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Slip resistance (D1)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Appropriate waterproofing membrane (B1 B2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stringer size & connections (D1 B1 B2)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Thresholds (D1/E2)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
Additional Comments	

**Fire (Residential) ( NZBC F7;Cdoc)**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Travel distances max 24m (63.15) <i>C/154</i>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Smoke detectors (F7)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wood burners (F7)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Garage fire wall details (C7 (C7.10 C7.8)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
Additional Comments	

**Swimming Pool & Fencing Fencing of Swimming Pools Act 1987'**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Refer to Compliance for sign off
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Specific Engineering Design
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proprietary system/design
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section/construction
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pool backwash discharging the sewer
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fence height
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gate(s) / door(s) open outward

**Ambiguity / Contradictions**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Manufacturers Specs <i>7/10/13</i>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Engineer compared with Designer/Arch
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Other contradictions
Additional Comments	

**Alternative Solutions**

Record assessment, decision and reasons for decisions below. Has the designer substantiated why they believe the proposal complies with the building code? Is there a determination on a similar proposal? Has corroborative evidence been provided (peer review, appraisal or determination)? Include reference to comparison with acceptable solutions, other documents / standards / best practice guides / publications, expert opinion, determinations, in-service history, product certification, professional judgment, building code objectives. Refer BRANZ Bulletin # 456 (Dec 2004). List any conditions / communications / actions:

*Major alternatives by PENG.*

**This sheet relevant to plumbing & drainage only**

N/A  No  Yes

Comments

**General**

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Kitchen area (G3/AS1)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Laundry...
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Bathrooms
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Location of sanitary fixtures
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Plumbing layout
	Plumber's Reg no. 17059 ✓
	Drainlayers Reg no. 17059 ✓ Mark White

Additional Comments

**Effluent Disposal Systems**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Engineering Site Investigation
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Design Specification & Producer Statement

*The design criteria should include; Capacity based on bedroom numbers, Loading calculation, site evaluation, soil profile, site characteristics.*

Additional Comments

*connecting to town sewer*

**Water Supplies**

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	G 12	<i>internal Hotwater cylinder</i>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Town supply	<i>20mm T.P.R drainv</i>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Private scheme	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Type & location	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)	<i>P-C 75 supplies</i>

Additional Comments

*form 159 emailed to Patterson Homes form 164 filed in*

**Sanitary Drainage**

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	G13	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Layout	<i>Grilly trap + T.V</i>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Council availability	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Septic tank design & calcs	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)	

Additional Comments

**Stormwater Drainage**

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	E1	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Layout	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Council availability	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)	

Additional Comments

*Stormwater to 19000lt tank overflow for specifically designed soakpits*

**Sanitary Plumbing**

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	G13	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Layout	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)	

Additional Comments

*221 Notice scanned to B-C ✓*

*Service Connections ✓*

*P+D Pack ✓*

*Rates forms ✓*

*D.p checked ✓*

**Accessibility (D1, G5, F8, NZS 4121)**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Car parks
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Projections
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Kerb ramps
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Footpaths / Ramps / Landings
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Entrances
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Public Facilities
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lifts
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stairs
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stair / handrails
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Doorways / Doors / Corridors / Lobbies
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Controls
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Places of assembly / entertainment / Recreation
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Warning Systems
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toilet Facilities / Laundering
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food preparation / accommodation
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signs
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Residential Accessibility (D1)
Additional Comments	

**Commercial Fire report (C1, C2, C3, C4)**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Purpose group FHC
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fire cell separation /use of building
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	f- rating
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	s- rating
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Occupancy numbers
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Means of escape
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Travel distances
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	External walls/unprotected areas
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fire resistance to supporting elements/floors/ walls
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Risks to/below escape routes
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fire safety precautions
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SFI's / SDI's
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signs
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hazardous agents / materials / substances on site
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Referral to DRU
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
Additional Comments	

**Solid Waste (G15)**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Waste bin area
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Environmental health referral
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternative (specify reason)
Additional Comments	

**Hazardous Agents, Materials and substances (F1-F3)**N/A  No  Yes 

Comments

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Waste bin
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Environmental health referral
Additional Comments	

## Work Sheet

### General stamp prompts:

Wind Zone  
Corrosion  
Cladding  
Electrical  
Bracing Highlighted  
Boundary setting out  
Engineers design and addendum

- Set Status
- Complete checklist
- Addendum and note re fire report
- Section 72 / pending
- Set inspections

## Dialogue Record

**List further information requested, info received, records / reference of communication etc.  
via Phone / Email / letter / counter / fax**

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**Change of Use – Sec 114: (Record decisions and basis for decisions – confirm whether sec 115 applies)**

Date:	

**Alteration to Existing Building - Sec 112 (Record decisions and basis for decisions – confirm whether sec 118 applies and if so, has it been complied with?). List conditions / communications / actions:**

Date:	

**Hazards – Sec 71-74 : (Record decisions and basis for decisions – see under "site plan above already done")**

Date:	

**Compliance Schedule – Sec 100 - 107: (Record if new / amended compliance schedule required, and attach copy of replica compliance schedule. Ensure that note is recorded on building consent that new / amended compliance schedule will be issued).**

Date:	

*Note :- Refer to the associate code clause along side each prompt above for compliance or reason of decision*

**Plan checked yet Unsatisfactory**

Refer to the official request for further information correspondence (letter, email or phone call) for final list of required information. For acceptance of returned information refer to addendum to form 436

Signature, name & date

Bldg:

Plumbing: \_\_\_\_\_

Fire:

I am satisfied on reasonable grounds that the provisions of the Building Code are met and the

**Building consent may be granted (refer Bld Act Sec 49(1))**

No Further Information Requests have been made.

Bldg:   
( for all pages except those listed below )

Plumbing:  14/9/2013  
(For pages 6 of 11 unless otherwise listed )

Fire:  
( As listed on page 7 of 11 )

This page is to be read in conjunction with the Request for Further Information (RFI) letter, email or phone correspondence (refer to pages 9&10 for phone correspondence) associated with BC .....

RFI#	Reason for acceptance of returned / revised information or reference to location within revised information of item accepted as complying with the provisions of the Building Code	Date reviewed and Satisfied on reasonable ground as complying with the Building Code
1	Plan revised and cross section provided of the retaining wall. - Appears to fit under schedule 1	7/10/13
2	Updated PSY required.	7/10/13

I am satisfied on reasonable grounds that the provisions of the Building Code are met and the Building consent may be granted (refer Bld Act Sec 49(1)). All previous Further Information Requests now satisfactory

Bild

**John G. H. Smith**

Signature, name & date

7/10/13

## Plumbing:

Fire:

**NOTE:**  
ONLY PAGE 1 OF  
ADDENDUM WILL  
BE SIGNED BY  
THE AUTHORISED  
BUILDING  
CONTROLS  
OFFICER

**Addenda to Form 436**

**Allocation of work to approvals officer outside current competency**

Building Category	Circle Appropriate Category	0	1	2	3

1) Authorized by Team Leader of delegate	Level of supervision required	Reason for decision
Name, Signature & date:	Coaching Mentoring Peer review on completion	In training Vetting one level above competency Other
2) Approval Officer undertaking training	Record of Learning	Decision
Name, Signature & date:  Current competency level Category 0, 1 or 2		I am satisfied on reasonable grounds that the provisions of the Building Code are met and the building consent may be granted (Refer Bld Act 49(1))
3) Coach / Mentor /' Peer reviewer	Training needs identified	Comments
Name, Signature & date:  Current competency level Category 1, 2 or 3		I am satisfied on reasonable grounds that the provisions of the Building Code are met and the building consent may be granted (Refer Bld Act 49(1))

**Allocation Notes**

- Categories of building are determined on receipt of application
- All applications are re assessed for the category and allocated to each appropriate Officer at the earliest opportunity and then placed in processing shelves accordingly
- Approvals staff are aware of their own competency level and check the allocation of work.
- Approvals staff may select, for training purpose, a consent 1 (one) category higher than their current competency for the purpose of increasing their skill level provided they gain approval from the Team Leader Building Consent Approvals. Once approval is given the Team Leader Building Consent Approvals will arrange for the appropriate supervision and final peer review.

# **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:	<b>LOT 46 SIMPSON CRESCENT</b>	
Suburb:	<b>RAUMATI BEACH</b>	
Town/City:	<b>PARAPARAUMU</b>	Postcode: <b>5032</b>

### **THE PROJECT**

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

### **THE OWNER(S)**

Name(s):	<b>PATERSON HOMES</b>	
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 checked="" type="checkbox"/>	To Supply & Install Gerard Pressed Metal Tiles over Timber Battens & Self Supporting Building Paper, with matching Flashings	<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 type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="checkbox"/>		<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="radio"/> Carried out <input type="radio"/> Supervised
Roof cladding or roof cladding system <input checked="" type="checkbox"/>	To Supply & Install Gerard Pressed Metal Roof Tiles over Timber Battens & Self Supporting Building paper.	<input type="radio"/> Carried out <input type="radio"/> Supervised
Ventilation system (for example, subfloor or cavity) <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Wall cladding or wall cladding system <input 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

**RESTRICTED**

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

Name: **CHRIS BURGESS**

LBP number: **112371**

Class(es) licensed in:

**ROOFING**

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

Mailing address (if different from below): **PO Box 1466, Paraparaumu Beach**

Street address/Registered office: **2/21 Ihakara Street**

Suburb: **Paraparaumu**

Town/City:

PO Box/Private Bag PO Box 1466 Paraparaumu Beach

Postcode: **5252**

Phone number: **04 297 0449**

Mobile: **0274 328 925**

After hours: **0274 328 925**

Fax:

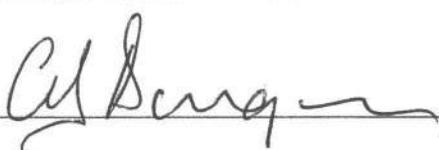
Email address: **sales@allroofsolutions.co.nz**

Website: **www.allroofsolutions.co.nz**

**DECLARATION**

Chris Burgess

work recorded on this form.



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

Date: \_\_\_\_\_

24 JAN 2014

27-1-14  
CH

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

Validity authenticated

# 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:	12 Simpson Crescent
Suburb:	Kaumati
Town/City:	Kapiti Coast
	Postcode:

THE PROJECT	
Building consent number: BC130603	

THE OWNER(S)	
Name(s): Kathleen Clement & Paul French	
Mailing address: as above	
Suburb:	PO Box/Private Bag:
Town/City:	Postcode:
Phone number: 021 950 151	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	Polythene & Steel per engineers design Concrete slab	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Walls	Timber Frames H1.2	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Roof		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Columns and beams	Timber Trusses H1.2	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Bracing	Plywood	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Other		<input type="checkbox"/> Carried out <input type="checkbox"/> 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"/> <i>Polythene under slabs</i> <i>Building wrap under brick</i>	<input checked="" type="checkbox"/> Carried out <input type="radio"/> Supervised
Roof cladding or roof cladding system	<input type="checkbox"/>	<input type="radio"/> Carried out <input type="radio"/> Supervised
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>	<input type="radio"/> Carried out <input type="radio"/> Supervised
Wall cladding or wall cladding system	<input 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

## ISSUED BY

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

Name: <i>Glen Paterson</i>	LBP number: <i>BP100392</i>
Class(es) licensed in: <i>Sites1 Capadog</i> .	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below):	
Street address/Registered office:	
Suburb:	Town/City: <i>Paraparaumu</i>
PO Box/Private Bag <i>493</i>	Postcode: <i>5254</i>
Phone number:	Mobile: <i>0274358828</i>
After hours:	Fax:
Email address: <i>sales@patersonhomes.co.nz</i>	Website: <i>www.patersonhomes.co.nz</i>

## DECLARATION

I *Glen Paterson* carried out or supervised the restricted building work recorded on this form.

Signature: 

Date: *21/01/2014*

*Validity authenticated*

*Signature: *

*27 JAN 2014*

5 SEP 2013

BY: *AN*

## 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:	12 Simpson Crescent
Suburb:	<i>Paraparaumu</i>
Town/City:	<i>Kapiti Coast</i>
	Postcode: 5032

THE OWNER(S)	
Name(s):	<i>Patterson Homes Ltd</i>
Mailing address:	<i>P.O. Box 493</i>
Suburb:	<i>Paraparaumu</i>
Town/City:	<i>Kapiti Coast</i>
Phone number:	Email address:

## IDENTIFICATION OF DESIGN WORK THAT IS RESTRICTED BUILDING WORK

I Steve Ngace carried out/supervised the following design work that is restricted building work

### PRIMARY STRUCTURE

Design work that is restricted building work	Description of restricted building work	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/>	If appropriate, provide details of the restricted building work	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
Foundations and subfloor framing		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	SHEET 8 + 11
Walls		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	SHEET 4 + 11
Roof		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	SHEET 7 + 11
Columns and beams		<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	
Bracing		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	SHEET 6 + 7
Other		<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	

## EXTERNAL MOISTURE MANAGEMENT SYSTEMS

Design work that is restricted building work	Description of restricted building work	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/>	If appropriate, provide details of the restricted building work	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
Damp proofing <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	SHEET 8 & 11
Roof cladding or roof cladding system <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	SHEET 7 & 11
Ventilation system (for example, subfloor or cavity) <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	SHEET 3
Wall cladding or wall cladding system <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	SHEET 11
Waterproofing <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Other <input checked="" type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	

FIRE SAFETY SYSTEMS			
Design work that is restricted building work	Description of restricted building work	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if appropriate	If appropriate, provide details of the restricted building work	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
Emergency warning systems	<input checked="" type="checkbox"/> <i>SMOKE DETECTORS WITHIN 3.0M OF ALL BEDROOM DOORS</i>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<i>SHEET 3</i>
Evacuation and fire-service operation systems			
Suppression or control systems			
Other			

**Note:** 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.

## WAIVERS AND MODIFICATIONS

Waivers or modifications of the Building Code are required.  Yes  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

### ISSUED BY

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: <b>STEVE NEALE</b>	LBP or Registration number: <b>BP 112998</b>
The practitioner is a: <input checked="" type="radio"/> Design LBP <input type="radio"/> Registered architect <input type="radio"/> Chartered professional engineer	
Mailing address (if different from below): <b>P.O. Box 227 PEARLBANK</b>	
Street address/Registered office: <b>340 Rosetta Road</b>	
Suburb: <b>Rauma</b>	Town/City: <b>KAPITI COAST</b>
PO Box/Private Bag:	Postcode: <b>5032</b>
Phone number: <b>04 902 9095</b>	Mobile: <b>021 672 182</b>
After hours:	Fax:
Email address: <b>steve@theplanworkz.co.nz</b>	Website:

### DECLARATION

I STEVE NEALE STATE 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: 02/09/2013

**4. Calculate the area needed to irrigate greywater generated each week**

<b>Litres produced each week</b>	<b>+ Soil irrigation rate</b>	<b>= area needed for irrigation</b>
litres/week	mm/day	m <sup>2</sup>

Match the soil on your site to the soil irrigation rates below.

<b>Soil Category</b>	<b>Soil Texture</b>	<b>Irrigation rate for greywater</b>	<b>Indicative drainage class</b>
1	Gravel and sands – structure-less	245 mm/week	Rapid draining
2	Coarse to medium sand	175 mm/week	Free draining
3	Medium-fine and loamy sand (dune sands)	105 mm/week	Good drainage
4	Sandy loam, loam and silt loam	35 mm/week	Moderately well drained
5	Sandy clay loam, clay loams, silt clay loam, peaty loam	28 mm/week	Moderate to slow drainage
6	Sandy clay, non-swelling clay and silty clay, peat	21 mm/week	Slowly draining
7	Swelling clay, grey clay, hardpan	14 mm/day	Poorly or non-drained

**5. Does area available = area needed?**

Yes/No

If the **area available** is greater than the **area needed**, the proposed application area is sufficient to cope with the volume of greywater that is likely to be generated and approval may be granted if all other conditions are met.

Enter the area available on the compliance sheet and mark out on the site plan or plumbing and drainage plan the area to be irrigated with greywater.

**6. There isn't enough area for greywater irrigation**

If the **area available** is less than the **area needed**, the proposed application area is insufficient to cope with the volume of greywater that is likely to be generated.

If you want greywater irrigation but the area available does not appear to be sufficient, you can:

- select a system that limits greywater to be suitable to your site conditions
- apply for an alternative solution that will only use greywater from the bathroom or laundry
- use a suitably qualified person to design a greywater system suited to your site (please attach their report with the compliance sheet)



11

Water Demand Management Declaration of Compliance

To be submitted with all applications for a Property Information Memorandum for new or relocated dwellings on land zoned residential.

Address: 12 Anon Street

Waikanae Beach

Number of dwellings: 1

Building Consent Number: BC000234  
(Office Use Only)

## Water Demand Management solution

1. All dwellings the subject of this development will use one of the following water demand management solutions in accordance with the District Plan (please tick one box):

- Rainwater storage tanks with a total storage volume of not less than 10,000 litres (does not include air cavity between the lid and overflow), for each house in the development
- Rainwater storage tanks with a total storage volume of not less than 4,000 litres (does not include air cavity between the lid and overflow), for each house in the development, and a complying greywater diversion device
- The application is made with an alternative solution (note that resource consent will be required)
- The application is made without provision for water demand management (note that resource consent will be required)

2. For all applications where Water Demand Management will be provided:

a. Volume of rainwater storage tanks:

6000 litres

b. I confirm all the following:

- That the rain water tank volume complies with selected water demand management option and have provided a certificate from the manufacturer demonstrating the tank volume
- That there will be no direct connection from the reticulated water supply to any outside taps
- That there will be a direct connection from the rainwater storage tanks to all internal toilet cisterns and any external taps

- That there will be no direct connection from the reticulated water supply to any toilet cistern
- I understand that the toby or manifold may have to be modified at my expense
- I have completed KCDC Form 159: "Water Supply Connection / Alteration Application Form".

**3. For applications where a Greywater Diversion Device is to be installed**

**a. Size of disposal field:**

40 m<sup>2</sup>

(Note that this needs to be marked on the site plan or the plumbing and drainage plan submitted to Council).

**b. I confirm the following:**

- That greywater will be collected from all laundry and bathroom drains (excluding toilets) and channelled to a greywater diversion device for use in outdoor irrigation.
- The greywater worksheet is attached and confirms that greywater diversion is suitable on the lot.
- That the device will be installed by an approved installer and that a certificate demonstrating this will be available to Council on request after installation.

Name:

Signed: 

Date:



## Greywater Irrigation Calculation Sheet

This sheet will help determine whether there is enough area available to reuse greywater for irrigation. Remember that greywater should be diverted to sewer and only used for garden irrigation when needed. This will help avoid any ponding nuisance in winter months.

Greywater irrigation will not be suitable for your proposed dwelling, if it is in area where:

- Soils are too slow draining,
- Are too steep,
- Have high water tables less than a meter below the surface, or
- Is within 20m of a drain, wetland, pond, river or other water body.

If greywater is unsuitable, you will need to install a minimum of 10,000 litre of rainwater storage.

The following will help establish if your site is suitable for greywater irrigation.

### Greywater Diversion Device

Model	Watersmart greywater gulley
Irrigation method	1pod/m <sup>2</sup>

1. Is the area being irrigated at least 20m away from a waterbody?

2. Area available for irrigation.

Calculate the area you have available for outdoor irrigation.

300 m<sup>2</sup>

3. Greywater volume

Calculate how much water your home could generate. As the number of people will vary over the life of the house, use the following calculation to estimate greywater volume.

40 litres	+	60 litres	=	100 litres	*	5	*	7 days	=	3500 litres
Laundry usage		Bathroom usage		Total daily usage		Occupancy (depends on number of bedrooms)		Days per week		The amount of greywater produced each week

Bedroom numbers in home	Occupancy for design purposes
1	2
2	4
3	5
4	6
5	8
6	9

**4. Calculate the area needed to irrigate greywater generated each week**

Litres produced each week	÷ Soil irrigation rate	= area needed for irrigation
3500 litres/week	105 mm/day	33 m <sup>2</sup>

Match the soil on your site to the soil irrigation rates below.

Soil Category	Soil Texture	Irrigation rate for greywater	Indicative drainage class
1	Gravel and sands – structure-less	245 mm/week	Rapid draining
2	Coarse to medium sand	175 mm/week	Free draining
3	Medium-fine and loamy sand (dune sands)	105 mm/week	Good drainage
4	Sandy loam, loam and silt loam	35 mm/week	Moderately well drained
5	Sandy clay loam, clay loams, silt clay loam, peaty loam	28 mm/week	Moderate to slow drainage
6	Sandy clay, non-swelling clay and silty clay, peat	21 mm/week	Slowly draining
7	Swelling clay, grey clay, hardpan	14 mm/day	Poorly or non-drained

**5. Does area available = area needed?**

If the **area available** is greater than the **area needed**, the proposed application area is sufficient to cope with the volume of greywater that is likely to be generated and approval may be granted is all other conditions are met.

Enter the area available on the compliance sheet and mark out on the site plan or plumbing and drainage plan the area to be irrigated with greywater.

**6. There isn't enough area for greywater irrigation**

If the **area available** is less than the **area needed**, the proposed application area is insufficient to cope with the volume of greywater that is likely to be generated.

If you want greywater irrigation but area available does not appear to be sufficient, you can get a suitably qualified person to design a greywater system suited to your site. (Please attach their report with the compliance sheet)

**CONSENT NOTICE**  
**PURSUANT TO SECTION 221 OF**  
**THE RESOURCE MANAGEMENT ACT 1991**

**IN THE MATTER OF A PLAN LODGED FOR**  
**DEPOSIT UNDER NUMBER 401543**  
**AND RESOURCE CONSENT NO. RM060081**

**Kapiti Coast District Council**  
Private Bag 601  
Paraparaumu 5254

Tel. (04) 296 4700  
Fax (04) 296 4830

E: [kapiti.council@kapiticoast.govt.nz](mailto:kapiti.council@kapiticoast.govt.nz)  
W: [www.kapiticoast.govt.nz](http://www.kapiticoast.govt.nz)



**(BEING THE SUBDIVISION OF PART LOT 1 BLOCK IV DP 2767),**  
**AT TITOKI ROAD AND REWA ROAD, RAUMATI**  
**FOR RAUMATI DEVELOPMENTS LTD**

**The Regional Regulatory Titles Officer at Wellington**

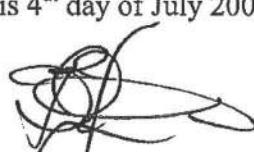
**PURSUANT** to Section 221 of the Resource Management Act 1991 the Kapiti Coast District Council hereby gives notice that it has consented to the subdivision and that the following conditions are to be complied with on a continuing basis:

- With respect to Lots 1 to 33 and 35 to 51:** All lots shall have a formed drive-on access no steeper than 1 in 5 to an appropriately formed building site. Any subsequent earthworks for the formation of the drive-on access and the building platform shall be limited to minor trimming in order to construct driveways and place floor pads.
- With respect to Lots 1 to 33 and 35 to 51:** All lots shall contain a building site above the 1 in 100 year flood event. Any habitable buildings shall have floor levels no lower than the recommended building levels for the 1 in 100 year flood event applicable at the time.
- With respect to Lots 1 to 33 and 35 to 51:** Foundation design and construction for any new building or additions and alterations to a building shall take into account the findings and recommendations within the document titled 'Raumati Developments Limited Geotechnical Earthworks Completion Report Raumati Heights' dated 19 December 2007, submitted to Council in relation to application No. RM060081. A copy of the report is available within Volume 7 of file RM060081 in Council's Office at any time the office is open to the public.
- With respect to Lots 1 to 33 and 35 to 51:** There shall be no discharge of stormwater onto roads or systems owned by Council. Specific design for stormwater attenuation and disposal to cater for up to the 1 in 10 year return period flood event shall be required for each lot and shall include control and disposal of stormwater during house construction. This design shall accompany any building consent application and approval of the design by the Council is required before any site works or construction of building commences. As a minimum stormwater from roof areas, driveways and impermeable yards shall be disposed of on site.

Issued in respect of application No. RM060081 on this 4<sup>th</sup> day of July 2008.



**Dean Philip Raymond**  
**AUTHORISED OFFICER**



**David Wayne Gair**  
**AUTHORISED OFFICER**



### Legend

■ Deposited Plans

Parcel

— Rivers Streams Drains

WS Point

Node

○ Flowmeter

□ Hydrant

□ Manifold

□ Manifold - Restrictor

□ Manifold - PC75

□ Meter-Manifold

● Pump

○ Reservoir

⊕ Toby

◆ Valve-Air

► Valve-Check/NRV

□ Valve-Gate

● Valve

○ Well Head

○ Zone Meter

WS Pipe

— Bulk Main

— Main

— Rider Main

- - Drain

— Unknown

— Private

Abandoned

WS Lateral

— Lateral

— Private Lateral

SW Point

Misc

Manhole

◆ Pump Station

□ Soakpit

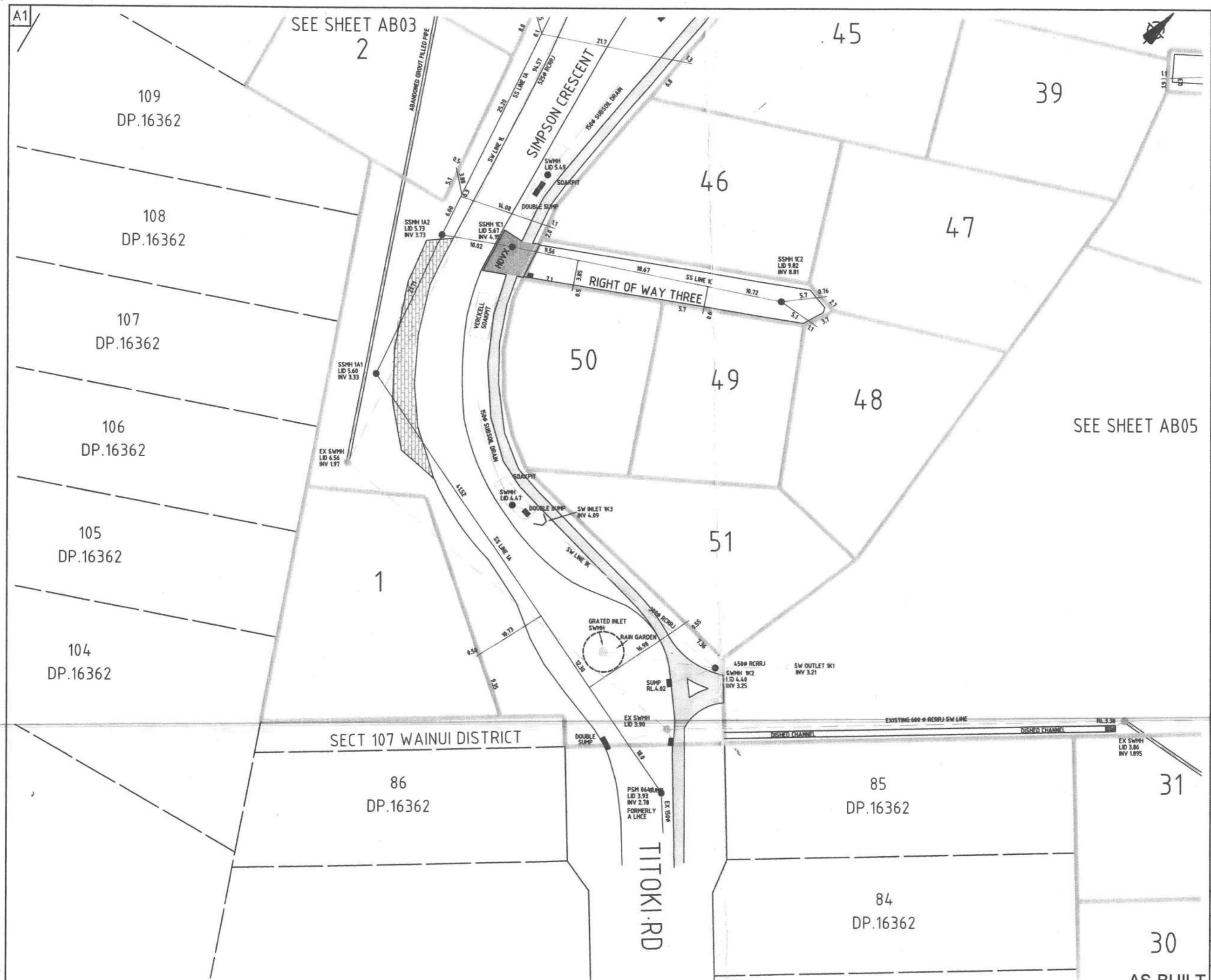
Sump

⊕ Valve

SCALE 1: 424 @A4



Date Printed: 14-September-2013



NOTE:  
ALL PIPES LAID 2007  
ALL SANITARY SEWER MAINS PIPES ARE 150Ø uPVC  
ALL STORMWATER SUMP LEADS ARE 225Ø uPVC  
LEVELS IN TERMS OF MEAN SEA LEVEL WELLINGTON  
DATUM  
SEE C11 - C14 FOR LONGSECTIONS  
ALL SOAKPITS ARE STANDARD "BOULDER" TYPE  
UNLESS SHOWN OTHERWISE  
  
SSMH = SANITARY SEWER MANHOLE  
SWMH = STORMWATER MANHOLE  
INV = INVERT LEVEL  
LID = LID LEVEL  
EX = EXISTING  
SDVX = STANDARD VEHICLE CROSSING  
HDVX = HEAVY DUTY VEHICLE CROSSING

**Connell Wagner**

Connell Wagner Limited  
81m Road (PO Box 36)  
Paraparaumu New Zealand

Telephone: +64 4 286 1240  
Facsimile: +64 4 286 1628  
Email: [cwpm@cornmag.com](mailto:cwpm@cornmag.com)

person using Connell Wagner drawings and other data accepts the risk of:  
using the drawings and other data in electronic form without requesting and checking them for  
accuracy against the original hard copy versions;  
using the drawings or other data for any purpose not agreed to in writing by Connell Wagner.

BAJIMATI DEVELOPMENTS LTD

Project: REWA ROAD / TITOKI ROAD  
RAUMATI BEACH  
PT LOT 1 BLOCK IV DP 2767

Drawing Title: **AS-BUILT DRAINAGE PLAN**  
**SHEET 1**

Drawn	Signed	Date	Verified	Signed	Date
JB	<i>[Signature]</i>	30/4/08	GF	<i>[Signature]</i>	30/4/08
Designed	Signed	Date	Approved	Signed	Date
AJW	<i>[Signature]</i>	30/4/08	NB	<i>[Signature]</i>	30/4/08
CW Project No.				Scale: A1 - 1:250 A3 - 1:500	
146C : 50LL					
Drawing No.				Revision:	
				AB02	
				01	



A1

47

37

SEE SHEET AB04

35

23

RECREATION RESERVE

SEE SHEET AB03

SW LINE

DISHED CHANNEL

RL 3.38

28.31  
600 RCRRJ

EX SWMH

LID 3.86

INV 1.895

31

33

32

30

29

73  
DP.16362

REWA RD

72  
DP.16362SWMH 1P2  
LID 5.60  
INV 4.10OUTLET IP1  
INV 3.26OUTLET 1H1  
INV 2.70INLET 3000  
INV 2.64OUTLET 1H1  
INV 2.70INLET 4500  
INV 3.60SW LINE 24  
3000 RCRRJ  
CLASS XSSMH 1B4  
LID 4.39  
INV 3.533750 RCRRJ  
CLASS XSSMH 1B3  
LID 4.34  
INV 3.363000 RCRRJ  
CLASS XSSMH 1B2  
LID 4.50  
INV 3.16SSMH 1B2  
LID 4.50  
INV 3.16SSMH 1B1  
LID 4.73  
INV 2.96SSMH 1B1  
LID 4.73  
INV 2.96SSMH 1E1  
LID 7.24  
INV 5.87SS LINE 1E  
28.57SS LINE 1E  
28.57SSMH 1L1  
LID 6.50  
INV 1.82SSMH 1L2  
LID 5.60  
INV 1.84EX SWMH  
LID 3.86  
INV 1.895

EL 1.12

EL 0.99

EL 0.99

ABANDONED GROUT FILLED PIPE

EL 1.12

EL 0.99

EL 0.99