



Consenting & Compliance Group

# Producer statement construction (PS3)

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

Tick applicable Contractor for:

- |  |   |  |                                    |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Building                        | <input type="checkbox"/> Emergency Lighting | <input type="checkbox"/> Cladding                    | <input type="checkbox"/> Escalator |
| <input checked="" type="checkbox"/> Waterproof Membranes | <input type="checkbox"/> Drainlayer         | <input type="checkbox"/> Fire Alarm                  | <input type="checkbox"/> Lift      |
| <input type="checkbox"/> Mechanical (HVAC)               | <input type="checkbox"/> Solar Heating      | <input checked="" type="checkbox"/> Other (specify): | <u>Insulation</u>                  |

Author name:

Michael Cations

Author company:

Levelhead Insulation 2014 LTD

Site address:

11 Kaiwara street

Description of building work:

Supply and install 250 micron polythene ground sheeting  
Supply and install white Expol underfloor insulation

Owners Details:

Wrightway Construction LTD

Scope of work covered by statement:

System/Product used (if applicable):

Air stapler used to install insulation. Ground sheeting fixed in place with PVC taping around piles

I (constructor):

Michael Cations

have been engaged by:

Wrightway Construction LTD

(applicant, designer, main contractor etc) to  part  all construct:

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]

- |  |                             |                             |                             |                             |                             |                              |                              |                              |                              |                              |  |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> B1            | <input type="checkbox"/> B2 | <input type="checkbox"/> C1 | <input type="checkbox"/> C2 | <input type="checkbox"/> C3 | <input type="checkbox"/> C4 | <input type="checkbox"/> C5  | <input type="checkbox"/> C6  | <input type="checkbox"/> D1  | <input type="checkbox"/> D2  | <input type="checkbox"/> E1  | <input checked="" type="checkbox"/> E2 |
| <input type="checkbox"/> E3            | <input type="checkbox"/> F1 | <input type="checkbox"/> F2 | <input type="checkbox"/> F3 | <input type="checkbox"/> F4 | <input type="checkbox"/> F5 | <input type="checkbox"/> F6  | <input type="checkbox"/> F7  | <input type="checkbox"/> F8  | <input type="checkbox"/> G1  | <input type="checkbox"/> G2  | <input type="checkbox"/> G3            |
| <input type="checkbox"/> G4            | <input type="checkbox"/> G5 | <input type="checkbox"/> G6 | <input type="checkbox"/> G7 | <input type="checkbox"/> G8 | <input type="checkbox"/> G9 | <input type="checkbox"/> G10 | <input type="checkbox"/> G11 | <input type="checkbox"/> G12 | <input type="checkbox"/> G13 | <input type="checkbox"/> G14 | <input type="checkbox"/> G15           |
| <input checked="" type="checkbox"/> H1 |                             |                             |                             |                             |                             |                              |                              |                              |                              |                              |  |

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

Registration No:  Or  N/A

Qualifications/Experience:  10 years Installer experience. Training was from an original expol installer. Have been in business since 2014 and am official installation

Address:  5 Moodys Rd, Clarkville, Kaiapoi Postcode:  7692

Phone:  0273444680 Fax:

Mobile:  Email:  mike@levelhead.co.nz

Signature:   Date:  26/09/23