



Inspection Booking Request Form

Important Information for the Applicant

1. This form is to allow CODC to obtain all necessary information **before** CODC will carry out on-site inspections during the COVID-19 Pandemic.
2. Please ensure all parts of the form are completed.

This is particularly important regarding the details about anyone with flu-like symptoms or other people being on-site at the time of the inspection in the event that contact tracing is required.
3. Booking dates and times are **not guaranteed** but we will do our best to accommodate preferences
4. Please ensure that you notify CODC **prior** to your inspection, if anyone is showing cold or flu-like symptoms – your booking will need to be rescheduled
5. If an inspector is on-site and notices someone with cold or flu-like symptoms, the inspection will be cancelled, and you will need to arrange a new inspection
6. Your building site must have a Covid-19 plan in force, which can be provided upon request

Council Use Only

Date inspection carried out

Confirmed people on-site during inspection

- All workers named below were on site
- Some of the workers named below were on-site (tick all that apply)
- None of the workers listed below were on-site (empty site)
- Others (not listed below) were on-site – *please obtain their name and contact details*

Details of person lodging the inspection request

Name

Contact Number

Contact Email

Inspection Request				
Building Consent Number				
Preferred Date				
Preferred Time				
Type of inspection	<input type="checkbox"/>	Final Residential		
	<input type="checkbox"/>	Final Outbuilding		
	<input type="checkbox"/>	Final Commercial		
	<input type="checkbox"/>	Heating Appliance		
	<input type="checkbox"/>	Solar Panels		
	<input type="checkbox"/>	Swimming Pools and Spas		
	<input type="checkbox"/>	Timber Flooring and Piles		
	<input type="checkbox"/>	Siting and Foundations		
	<input type="checkbox"/>	Pre-Slab (Residential)		
	<input type="checkbox"/>	Pre-Slab (Commercial)		
	<input type="checkbox"/>	Structural Blockwork		
	<input type="checkbox"/>	Pre line Framing and Plumbing	Framing Only	Plumbing Only
	<input type="checkbox"/>	Pre-Cladding		
	<input type="checkbox"/>	Pre-Roof/Pre-Wrap		
	<input type="checkbox"/>	Post-Line		
	<input type="checkbox"/>	Underslab Plumbing and Drainage		
<input type="checkbox"/>	External Drainage			
<input type="checkbox"/>	Waterproof Membrane and Tanking			

Details about all persons on-site or likely to be during inspection			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Will there be/ is there likely to be anyone else on-site at the time of the inspection? <i>If yes, please provide their details in the contact section below</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Will there be a QR code on site for our inspector to be able to scan in?	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone have flu-like symptoms on the site?	
<input type="checkbox"/>	<input type="checkbox"/>	Does your building site have a Covid-19 Plan? <i>If not, the inspection cannot be booked until a Covid-19 plan is in force for the site</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Is it possible to carry out the inspection when there is no one else present?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there anything else you think we should know? (E.g. access problems) <i>If you have answered yes, please provide details in the adjacent column.</i>	

Contact details of all those that will be or are likely to be on-site during the inspection

1. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
2. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
3. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
4. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
5. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
6. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
7. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
8. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
9. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	
10. <input type="checkbox"/>	Name:	
	Contact Number:	
	Contact Email:	

By submitting this request, you acknowledge that if any information on the form has been falsified or, if an inspector is on-site and needs to cancel the inspection because of health and safety concerns, you will incur a fee of \$100.00

This fee is applicable to all same-day cancellations as they cannot be booked to another customer and are not covered by building consent fees.