

# CS06 Commercial/Industrial Buildings (New and Major Alterations)

## Application and Processing Check Sheet

### Important Information for the Applicant

1. This check sheet is designed to assist the applicant with the level of information that must be provided with the application.
2. When completing the form, please ensure that all sections titled "Applicant to Complete" are filled out in full.
3. If any section or specific question is not relevant to your application, this can be indicated by selecting the N/A box.
4. A suitable quality of documentation is required before CODC will accept an application for processing.
5. The time invested in the preparation of application documentation, including the completion of this check sheet, will reduce the likelihood of unnecessary delays and requests for significant amounts of further information.
6. The references (in italics) that have been provided relate to the subject of the item to be checked. They may, or may not, be the specific means of compliance for your project.
7. Once completed, this check sheet should be submitted with all other required documents in PDF format to [building@codc.govt.nz](mailto:building@codc.govt.nz) or via our online portal.

### Council Use Only

|                       |                                |                               |                               |                               |                               |                               |                               |
|-----------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Consent Number        |                                |                               |                               |                               |                               |                               |                               |
| Processing Start Date |                                |                               |                               |                               |                               |                               |                               |
| Building Category     | <input type="checkbox"/> Res1A | <input type="checkbox"/> Res1 | <input type="checkbox"/> Res2 | <input type="checkbox"/> Res3 | <input type="checkbox"/> Com1 | <input type="checkbox"/> Com2 | <input type="checkbox"/> Com3 |
| Processor's Name      |                                |                               |                               |                               |                               |                               |                               |

### Property Information

#### Applicant to Complete

|   |   |                              |   |                              |
|---|---|------------------------------|---|------------------------------|
| NCAS Matrix Score:  |   | <i>Checked by<br/>BCO:</i>   | <b>Earthquake Zone:</b><br><i>Figure 5.4 NZS 3604</i> |                              |
| <b>Wind Region:</b><br><i>Figure 5.1 NZS 3604</i>   |   |                              | <b>Wind Zone:</b><br><i>Table 5.1 / 5.4 NZS 3604</i>  |                              |
| <b>Snow Zone:</b><br><i>Figure 15.1 NZS 3604</i>  |   |                              | <b>Exposure Zone:</b><br><i>Figure 4.2 NZS 3604</i>   |                              |
| <b>Liquefaction Zone:</b><br>If in domain B, B1 or C has further information been provided e.g Geotechnical report? <a href="http://otago.naturalhazards.govt.nz">Otago Natural Hazards Portal (orc.govt.nz)</a> Search under Earthquake Layer/ Liquefaction Hazard | <input type="checkbox"/> N/A <input type="checkbox"/> Yes (specify) |                              |   |                              |
| <b>Easements, sewers, existing drains, watercourses, creeks (or other) through the property:</b>  | <input type="checkbox"/> N/A <input type="checkbox"/> Yes (specify) |                              |   |                              |
| <b>New Subdivisions:</b>  | Do you have a Record of Title for your new section?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No                           | <input type="checkbox"/> N/A |

**Building consents in new subdivisions can be lodged and issued when the subdivision stage has S224c. A Record of Title will need to be provided before the code compliance certificate can be issued.**

|  |  |  |  |   |                             |                             |
|--|--|--|--|---|-----------------------------|-----------------------------|
| <b>Classified Use(s):</b><br><a href="#">Clause A1 – Classified Uses</a>           | <input type="checkbox"/> Housing<br><input type="checkbox"/> Ancillary | <input type="checkbox"/> Industrial<br><input type="checkbox"/> Communal Residential | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Communal Non-Residential | <input type="checkbox"/> Outbuilding<br><input type="checkbox"/> Communal Non-Residential |                             |                             |
| <b>Uses related to Crowd Activity:</b>   | <b>Occupancy Number:</b>   |  |  |   |                             |                             |
| <b>Risk Group:</b>   | <input type="checkbox"/> SM  | <input type="checkbox"/> SI  | <input type="checkbox"/> CA  | <input type="checkbox"/> WB   | <input type="checkbox"/> WS | <input type="checkbox"/> VP |
| <b>Importance Level:</b><br><a href="#">Clause A3 – Building Importance Levels</a> |  |  |  |   |                             |                             |

### Council Use Only – Confirmation of Property Information

### Form 2: Application for Building Consent

| Applicant to Complete    |                          |  | Council Use Only         |                          |                          |                               |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------|
| Yes                      | N/A                      | Description  | Yes                      | N/A                      | RFI                      | Reason for Decisions/Comments |
| <input type="checkbox"/> |                          | All sections of <a href="#">Form 2</a> completed including an accurate estimate of value of work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <input type="checkbox"/> |                          | Proof of ownership provided ( <i>Record of Title less than three months old, and S&amp;P Agreement or Lease if applicable</i> )              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Has building work already been undertaken, therefore a Certificate of Acceptance is required? ( <i>Refer section 42, Building Act 2004</i> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this application for staged building works?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### General

| Applicant to Complete |                          |                          | Council Use Only   |                          |                          |                          |                               |
|-----------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.       | Yes                      | N/A                      | Description  | Yes                      | N/A                      | RFI                      | Reason for Decisions/Comments |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Dimensioned site plan aligns with title boundaries   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Finished Ground (FGL) and Floor levels (FFL) shown on site plan/details as per relevant Consent Notice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Datum / contours shown demonstrating that site drainage requirements can be met                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Public and/or private sewer and storm water drainage shown on site plan.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|  |                          |                          |   |                          |                          |                          |  |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
|  |                          |                          | (Required for Code Clauses E1 and G13)  |                          |                          |                          |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Dimensions and gradient of car parking, manoeuvring, vehicle crossing shown on plan (sloping sites) (Required for Code Clause D1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Any demolition to be clearly identified   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### Alteration to an Existing Building(s) or Change of Use

|   |   |                     |                      |
|---|---|---------------------|----------------------|
| <b>Select One</b>   | <b>Applicant to Complete</b>  |                     |                      |
| <input type="checkbox"/>  | Alterations to an existing building   |                     |                      |
| <input type="checkbox"/>  | Change of Use (to part or all of the building and where additional Building Code requirements or more onerous requirements) | <b>Current Use:</b> | <b>Proposed Use:</b> |
| <b>Building Score and assessment provided for the whole building</b>  |   |                     |                      |
| <i>MBIE Building Score Methodology</i> to establish level of information to be provided to review relevant Code Clause requirements. Note: Unit title or alterations to tenancies within an existing building, the whole building must be assessed. |   |                     |                      |
| <input type="checkbox"/>  | 1-11 Statement of Change  |                     |                      |
| <input type="checkbox"/>  | 12-19 Gap Assessment  |                     |                      |
| <input type="checkbox"/>  | 20+ Full Assessment   |                     |                      |
| See applicable Code Clauses sections in checklist in relation to Section 112 and 115 Building Act 2004  |   |                     |                      |

### B1 Structure: Landscape Retaining Walls

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          |                          | Council Use Only              |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Masonry types:<br><input type="checkbox"/> Type B: PS1 & PS3/PS4<br><input type="checkbox"/> Type C<br><input type="checkbox"/> Other (NZS 4229) | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Construction details provided: footings, wall construction, height   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Surcharge correctly factored into design   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Drainage medium, tanking and protection specified  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Barrier specified and details provided   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Excavations potentially affecting neighbouring properties mitigated  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### B1 Structure: Strip Footings

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |                             | <input type="checkbox"/> N/A |                          |                          | Council Use Only              |
|------------------------------|--------------------------|--------------------------|-----------------------------|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description                 | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | NZS3604 or SED with PS1/PS2 | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Footings (depth, size, steps due to ground slope, MPa)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Reinforcing (size, type, centres, grade)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Columns and posts pads (size, type, centres, grade)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Underpinning/screw piles  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Details provided for steps in foundations (due to ground slope) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### B1 Structure: Slab

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Slab-on-grade<br><input type="checkbox"/> Raft<br><input type="checkbox"/> Suspended Floor               | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Foundation edge detail(s) with dimensions, reinforcing size and grade and concrete strength                                       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Base preparation: sand, hard-fill 75mm min to 600mm max (SED required if >600mm)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Slab thickness and reinforcing cover. Mesh type (i.e. 500E) and size (i.e. SE62)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Damp proof membranes  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Shrinkage control joints, supplementary reinforcing bars, free joints (max dimension of slab 24m either way without free joints). | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Point loads pads / slab thickenings shown on foundation plans   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Column/post: foundations/footings   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Additions to existing slab: connection to existing slab (joint preparation & starters)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### B1 Structure: Foundation Wall – Concrete/Masonry

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | NZS3604, NZS4229 or SED (PS1/PS2)                            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Wall height: minimum, maximum                                | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Vertical and horizontal reinforcing / starters Size, centres | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Masonry type: A, B, C<br>Grout strength (MPa)                | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |



|  |                          |                          |   |                          |                          |                          |  |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
|  |                          |                          | Seacant piles, soldier piles or precast piles                   |                          |                          |                          |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Retaining/split level (waterproofing and provision of drainage) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### B1 Structure: Subfloor Framing & Bracing

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Pile foundation plan: depth, size, centres, treatment, heights, point loads   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Ordinary piles: size, depth, pile height, treatment connections   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Driven Piles (SED)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Braced / Anchor piles: footing size, pile height, connections   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Subfloor bracing calculations: zone, demand, capacity   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Subfloor bracing plan: type, location, length, 5.0m centres max, 4 bracing elements minimum, evenly distributed                               | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | 2-storey (height versus width)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Diaphragms >100 BUs, location, limitations  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Bearers: size, centres, treatment, span, point loads, cantilever, loading, fixing to foundation walls   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Joists: size, centres, span, point loads, cantilever, loading, penetrations   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Cantilever joist (2.4m maximum wall height), support for load bearing walls   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Lateral support mid-span, blocking, bracing lines   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Flooring thickness, clearances, type  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Base cladding: type, support, access, ventilation, crawlspace (450 mm minimum), vermin proofing, obstructions, large area, limited cross flow | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### B1 Structure: Mid-Floor

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Mid floor type: timber floor joist, suspended concrete slab, SED etc.                           | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Floor joists: cantilever, floor load, penetrations, treatment, size, centres, span, point loads | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Flooring type and diaphragm (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|

### B1 Structure: SED Structural Steel Frame & Concrete Structures

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   |                          | <input type="checkbox"/> N/A |                          | Council Use Only              |  |
|------------------------------|--------------------------|--------------------------|---|--------------------------|------------------------------|--------------------------|-------------------------------|--|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                      | N/A                          | RFI                      | Reason for Decisions/Comments |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | SED: PS1, PS2, proprietary systems<br>PS2 provided where roof spans over 20m application in structural design | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Structure/load path: beams/posts, SED, timber, steel, flitch, LVL; fixing details provided                    | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | All structures requiring SED, covered by design (Design Features Report)                                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | All referenced details and sections provided  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Foundation design conforms to site geotechnical parameters  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Design floor loading in accordance with AS/NZS 1170   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Adequate dimensioning provided  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Stability of structural components as required by the Fire Report   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Structural concrete adequately detailed on plans  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Concrete strengths and reinforcing cover on plans   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Portal frames, structural steel frames, space frames, girts etc.  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Racking systems   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Ground anchors  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Seismic strengthening included in consent application   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Demolition – site monitoring of adjacent buildings  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration or removal of existing structural elements   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |

### B1 Structure: Deck Construction (Ground Floor OR External Decks Above Ground)

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  |                          | <input type="checkbox"/> N/A |                          | Council Use Only              |  |
|------------------------------|--------------------------|--------------------------|--|--------------------------|------------------------------|--------------------------|-------------------------------|--|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                      | N/A                          | RFI                      | Reason for Decisions/Comments |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Deck piles: layout, size, footing depth, centres, treatment, height, connections | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Bearers: size, span, treatment   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Joists: 2.0 kPa, size, span, centres, cantilever, saddle flashings               | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Decking: material, type, fixings, treatment, finished floor level                | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |

|                          |                          |  |                          |                          |                          |  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Stringer: stair construction / deck stringer, size, span, fixings, air-gap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Subfloor deck bracing (if projects >2.0m from the building)                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### B1 Structure: Walls (all levels)

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | NZS3604, NZS4229, SED (PS1 / PS2)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Framing (NZS3604, SED, Steel) (NZS3604, SED, Steel) (treatment, grade, size)               | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Gable end framed for cladding  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Bottom and top plate (size, point loads, bracing)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Stud/post (size, height, spacing, fixings, uplift)   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Structure/load path: beams/posts, SED, timber, steel, flitch, LVL; fixing details provided | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Lintel (size, point loads, fixings C/L)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Pre-cast concrete wall panels: fixings   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### B1 Structure: Wall Bracing (all floors)

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | NZS3604 or SED (PS1/PS2)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Wall bracing calculations: zone, demand, capacity   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Plan: location of bracing elements, 6.0m c/s, evenly distributed, wings, blocks, wet areas, split or discontinuous levels, type, location, length | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Dragon ties to extend brace lines to 7.5m >100 BUs, location  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling diaphragm: >100BU, location, limitations, construction details  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### B1 Structure: Roof & Ceiling Framing

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              |                          |                          | NZS3604 or SED (PS1/PS2)  |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Roof type: pitched, trussed, skillion, couple-close, other – (roof pitch vs material) | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|                          |                          |  |                          |                          |                          |  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Trusses: Design Statement, software statement, truss layout  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Roof bracing/building paper  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Rafter/ridge beam: size, span, support, fixings  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Purlins or tile battens, size, span, treatment, centres, fixings                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane roof framing (ceiling joists) size, span, centres, fixings, fall, ventilation and limitations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling/Rondo battens: size, span, centres, fixings, ceiling lining                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Suspended ceilings (seismic restraint)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling lining: type thickness, fixing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

## B2 Durability

B2 Durability must always be considered when demonstrating compliance with each of the clauses of the Building Code. Under the clause, building materials, components and construction methods are required to be sufficiently durable. They must ensure that the building, without reconstruction or major renovation, continues to satisfy the other functional requirements of the Building Code throughout its life. B2 specifies minimum durability periods building elements must meet with only normal maintenance, being not less than 50, 15 or 5 years.

## C1 – C6 Fire Protection

### Alterations to an existing building or change of use

Section 112 or Section 115 Means of Escape assessment – alterations/additions/change use (not a first fit out of a new building). MBIE Building Score Methodology to establish level of information to be provided to review relevant fire design requirements.

| Council Use Only  | Yes                      | N/A                      |
|---|--------------------------|--------------------------|
| Does Section 112 apply? (Alteration to an existing building) Parts 1, 2, 3 and 4 of the below checklist apply | <input type="checkbox"/> | <input type="checkbox"/> |
| Does Section 115 apply? (Change of Use) Parts 1, 2, 3, 4 and 5 of the below checklist apply                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does Section 116A apply? (Subdivision) Means of escape from fire and protection of other property             | <input type="checkbox"/> | <input type="checkbox"/> |

### Part 1: General

| <input type="checkbox"/> N/A | Applicant to Complete    |                          |  | <input type="checkbox"/> N/A | Council Use Only         |                          |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Scope of risk group  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Primary risk group (if more than one)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Occupant densities and occupant load   |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Fire Engineering Brief (FEB) provided where C/VM2 or Alternative Solution used for means of compliance with stakeholder sign off |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | PS2 provided when C/VM2 is used as a means of compliance   |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided  |                              |                          |                          |                               |

## Part 2: Firecells, Fire Safety Systems & Fire Resistance Ratings

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Firecell floor area limit                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire safety systems                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Requirements of firecell                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire resistance ratings (life rating/property rating) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Type 9 system required                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

## Part 3: Means of Escape

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Escape routes: number, height and width                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Escape from basements                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Open paths/special cases of open paths                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Dead ends   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Exit ways/control of exit ways                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | External escape routes                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Final exits   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Single escape routes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Special conditions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Doors subdividing escape routes (door features and fixings) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

## Part 4: Control of Internal Fire & Smoke Spread

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Glazing in fire and smoke separations                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural stability during fire                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire stopping/firecell construction                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Special requirements for sleeping areas or theatres             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Specific requirements for exhibitions and retail areas          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Tiered seating  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Exitways  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Intermittent activities   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Protected shafts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Long corridor subdivision                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors: intermediate, subfloor and concealed spaces             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Closures in fire and smoke separations                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Interior surface finishes: floor covering and suspended fabrics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Building services plant   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

## Part 5: Control of External Fire Spread

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Relevant boundary (actual or notional) distance measured from cladding not foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire separation for building with more than one title (subdivided)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | External walls: horizontal fire spread, fire resistance rating,                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

|   |                          |                          |  |                          |                          |                          |  |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
|   |                          |                          | small openings and fire resisting glazing and table method for external walls                              |                          |                          |                          |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Horizontal fire spread from roofs and open sided buildings   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Vertical fire spread   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Exterior surface finishes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Part 6: Firefighting</b>                 |                          |                          |  |                          |                          |                          |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Fire and Emergency vehicular access  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Information for firefighters<br><i>Control panel location approval from FENZ provided with application</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Firefighting facilities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Part 7: Prevention of Fire Occurring</b> |                          |                          |  |                          |                          |                          |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Solid fuel appliances  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Gas burning appliances   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Oil fire appliances  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Downlights   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Open fires   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

| <b>D1: Access Routes (Internal &amp; External)</b> |                          |                              |  |                          |                              |                          |                               |  |
|--|--------------------------|------------------------------|--|--------------------------|------------------------------|--------------------------|-------------------------------|--|
| <input type="checkbox"/> N/A                       |                          | <b>Applicant to Complete</b> |  |                          | <input type="checkbox"/> N/A |                          | <b>Council Use Only</b>       |  |
| Ref or Page No.                                    | Yes                      | N/A                          | Description  | Yes                      | N/A                          | RFI                      | Reason for Decisions/Comments |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Alteration to an existing building or Change of Use assessment provide<br><i>(where Section 118 applies)</i>                           | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Accessible route(s): principle entrance, location, slope, height clearances, obstructions, structural stability, barriers and lighting | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Access Routes: slope, slip resistance, width and protection from falling   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Ramps: slope, slip resistance, width, landings, kerb ramps   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Stairways: pitch, risers and treads, width, landings, curved and spiral stairways, stair winders and visibility of stair treads        | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Fixed ladders: general, step-type ladders, rung-type ladders and individual run-type ladders   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Handrails  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Doors and openings   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Place of assembly  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>     | Accessible accommodation units of communal residential   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |

|  |                          |                          |   |                          |                          |                          |  |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
|  |                          |                          | buildings: number of units and facilities to be provided  |                          |                          |                          |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Parking, movement of vehicles and circulation routes (including assessment of accessible carparks)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Other Acceptable Solutions: AS1657 – stairs, ladders, platforms and walkways for services and maintenance personnel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Lift required in this building?<br><i>Occupancy based on para. 1.4 or para. 3.1 C/VM2</i>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

## D2: Mechanical Installations for Access

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided (where Section 118 applies)   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Lift required ( <i>D1.3.4(c) or NZS4121 (Also determinations <a href="#">1995/008</a>; <a href="#">2003/05</a>; <a href="#">2005/49</a>; <a href="#">2006/73</a>; <a href="#">2017/084</a>)</i> )   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Design calculations, specifications and plans provided <i>D2/AS1 (NZS4332 or EN81-20), D2/AS2 (NZS4334), D2/AS3 (EN115) – PS1 provided</i>  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Accessible features detailed for lift: controls panel, lift indicators, car size, door size, handrails, and space in front.<br><i>NZS4212 (Section 9), Appendix C NZS4121 (Design for access and mobility – Alteration to Buildings) or NZS4334</i> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

## E1: Surface Water

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | E1/VM1 (PS1/PS2 provided) or E1/AS1 (check within scope)   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Stormwater drainage outfall as specified: Council reticulation, private reticulation, soak pit etc.      | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Soak pit design (if applicable): onsite testing results, calculation, type and size of soak pit          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Finished floor level of suspended floors or slabs checked in relation to surrounding land and road crown | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|                          |                          |  |                          |                          |                          |  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Stormwater drainage size and gradient  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Stormwater run-off (cesspits, catchment area, soakage, pump, pump capacity)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Access for maintenance (rodding points/inspection points etc)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Downpipes, external and internal gutter size, distribution, spreaders (to lower roof)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Strip drain/channel drain: connection into stormwater with silt trap or similar prior                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Public drains affected/approval, easement created or required<br><i>(refer to Certificate of Title or GIS mapping)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

## E2: External Moisture

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
| <b>Roof/Wall Junctions</b>   |                          |                          |  |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Soffit to wall junction  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Parapets</b>              |                          |                          |  |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Parapets / enclosed barriers: framing, cap, drainage, junctions, slope   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Decks &amp; Pergolas</b>  |                          |                          |  |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Thresholds for decks   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Attachments to building structure (deck/pergola)   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Level thresholds   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Enclosed balustrades   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Membrane deck: thickness, fall, substrate, support, drainage, junction to wall and rainwater head and scupper  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Roof Claddings</b>        |                          |                          |  |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Roof underlay type with product specification provided/CodeMark certificate/BRANZ appraisal  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Roof cladding type(s), roof pitch, compatibility of materials<br><input type="checkbox"/> E2/AS1<br><input type="checkbox"/> E2/AS2<br><input type="checkbox"/> E2/AS3<br><input type="checkbox"/> Alternative Solution<br><input type="checkbox"/> CodeMark | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Membrane roof: thickness, substrate, support and rainwater head and scupper  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Roof flashings: change in pitch, eaves/verge (membrane roof),  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |



|                       |                          |                          |   |                          |                          |                          |  |
|-----------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
|                       |                          |                          | roof/wall ridge, barge, fascia, apron flashings (transverse & parallel), gutter/wall junction   |                          |                          |                          |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Gutters: internal gutters, valley gutters and hidden gutters  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Roof penetrations: small pipes (terminal vent/roof ventilation), soaker flashings (flue or similar) other penetrations skylights/ chimney   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Wall Claddings</b> |                          |                          |   |                          |                          |                          |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Bottom of cladding: detail and clearances to ground, deck, roof   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Cladding underlay/air barrier: type, compatibility, strapping   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Drained cavity: batten size, horizontal/vertical battens, treatment, vermin proof   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Wall cladding type(s), suitable for risk score, compatibility of materials, product specifications provided/CodeMark certificate/BRANZ appraisal<br><input type="checkbox"/> E2/AS1<br><input type="checkbox"/> E2/AS2<br><input type="checkbox"/> E2/AS3<br><input type="checkbox"/> Alternative Solution<br><input type="checkbox"/> CodeMark | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Masonry veneer: walls ties and lintels  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Penetrations: pipes/services, meterbox/gas califont and inter storey junctions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Wall junction details: external/internal corners, change of cladding junction, control joints   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Window construction specified (timber, aluminium, other)<br><input type="checkbox"/> NZS4211-E2/AS1<br><input type="checkbox"/> Alternative Solution  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                       | <input type="checkbox"/> | <input type="checkbox"/> | Window/door and garage door details: head, sill and jamb  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

| <b>E3: Internal Moisture</b> |                          |                              |  |                          |                              |                          |                               |  |
|------------------------------|--------------------------|------------------------------|--|--------------------------|------------------------------|--------------------------|-------------------------------|--|
| <input type="checkbox"/> N/A |                          | <b>Applicant to Complete</b> |  |                          | <input type="checkbox"/> N/A |                          | <b>Council Use Only</b>       |  |
| Ref or Page No.              | Yes                      | N/A                          | Description  | Yes                      | N/A                          | RFI                      | Reason for Decisions/Comments |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/>     | Thermal resistance walls/ceiling; thermal break for steel framing<br><i>(applies to Communal Residential only)</i> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/>     | Condensation control   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |
|                              | <input type="checkbox"/> | <input type="checkbox"/>     | Waterproofing (type); overflow/containment provision (other property)  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                               |  |

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Watersplash: showers, urinals, baths – impervious surfaces walls and floor and junction details | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Vapour barrier to roof/wall cavity spaces in high humidity rooms such as indoor pools or saunas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### F1: Hazardous Agents on Site

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Contamination PIM/PIC information reviewed. Check whether remedied through subdivision consent | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Site investigation report and assessment F1/VM1  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Remedial actions provided (detailed)   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Hazard to building elements (preventative measures detailed)                                   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### F2: Hazardous Building Materials

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Glazing specifications provided for windows/doors and barriers (i.e. shown on elevations or window/door schedule provided) | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Manifestation to full height glazing – unimpeded path of travel  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos products especially in additions / alterations for pre 1990 buildings   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### F3: Hazardous Substances & Processes

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description                                    | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | PS1 and/or PS2 provided                        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Location test certificate or exempt laboratory | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | X-ray, radioactive equipment                   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### F4: Safety from Falling

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Barriers located in spaces frequented by children under 6 years old | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|                          |                          |  |                          |                          |                          |  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Barriers located in spaces NOT frequented by children under 6 years old  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Barriers to stairs, ramps and other locations (height, top/bottom rails, spacing and openings) (areas)<br><i>(para. 1.2 &amp; Table 1)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fixed seating to decks<br><i>(para. 1.2.4)</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Barriers or restrictors to window openings <i>(para. 2.0)</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Roof areas with permanent access to have barriers  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

#### F5: Construction & Demolition Hazards

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Work-site barriers (site fences and hoardings)<br><i>(refer para. 1.0 &amp; 1.1)</i> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Water hazards fences<br><i>(para. 1.2)</i>   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Gantries and Toeboards<br><i>(para. 1.4)</i>   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

#### F6: Visibility in Escape Routes

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | PS1 provided in relation to emergency lighting design                   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Emergency lighting plan provided: locations, illuminance, duration      | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

#### F7: Warning Systems

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided (where Section 118 applies)                             | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Manual and automatic fire alarm systems – specifications (Type 2, 3, 4, 5, 6, 7)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Location shown on plan (heat/smoke detectors, manual call points, fire alarms panel, hold open device for doors, smoke extract) | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I direct connection between the alarm system and FENZ needed and specified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|

### F8: Signs

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building of Change of Use assessment provided (where Section 118 applies)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Exit and fire signage: exit signs, call points, fire and smoke doors. Visible at all times – illumination (type)                                   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Accessibility signage: for accessible route and facilities (car arks, entrance, route, services)   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Hazard signage: hazardous substances and processes, (HSNO CoP2.1 09-04) electrical, lifts, machines rooms, escalators/moving walks, water supplies | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### G1: Personal Hygiene

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided (where Section 118 applies)  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Number of WC pans, basins, urinals, baths and showers (single sex/unisex); in convenient locations; impervious walls around bowls.<br><i>(Refer to fire report occupancy number in relation to facilities required or Table 4)</i> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Location of sanitary fixtures: space, access to food prep area work, basin communal  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Accessible facilities access, number, layout   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Privacy: line of sight, cubicles, lobbies  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### G2: Laundering

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|  |                          |                          |  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
|  |                          |                          | provided (where Section 118 applies)   |                          |                          |                          |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Laundry facilities: service connections, minimum space, number of facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### G3: Food Preparation & Prevention of Contamination

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided (where Section 118 applies)   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Commercial kitchens – refer to Environmental Health   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Domestic appliances and facilities: sink, cooker, food storage, energy source, space and wall linings (house, work camps, old people’s homes and early childhood centres) | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Accessible preparation are provided where required (camp grounds and accessible accommodation units in communal residential buildings)                                    | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Commercial and industrial facilities: interior linings for food processing and other area, wash down areas  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### G4: Ventilation

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | SED: PS1 provided   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Natural ventilation: accommodation unites and carparks (apartments, hotels, motels)                             | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Combined natural ventilation and mechanical ventilation (accommodation unit)                                    | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Mechanical ventilations: outdoor air supply, air-handling systems, extract ventilation etc. carpark ventilation | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation of spaces containing gas fuel appliances: natural/mechanical ventilation, flue construction         | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### G5: Interior Environment

| <input type="checkbox"/> N/A | Applicant to Complete | <input type="checkbox"/> N/A | Council Use Only |
|------------------------------|-----------------------|------------------------------|------------------|
|------------------------------|-----------------------|------------------------------|------------------|

| Ref or Page No. | Yes                      | N/A                      | Description   | Yes                      | N/A                      | RFI                      | Reason for Decisions/Comments |
|-----------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------|
|                 | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided (where Section 118 applies)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | Accessible reception counters or desks<br><i>(G5.3.4 – communal residential, communal non-residential and commercial buildings)</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | Temperature Control details: habitable spaces, bathrooms and recreation rooms applies to early childhood centres and old people's homes                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | Space: living, dining and sleeping areas in old people's homes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | Listening systems and hearing loops in cinemas, theatres, public halls and communal non-residential with >250 people, assembly spaces in old people's homes with >20 people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |

#### G6: Airborne & Impact Sound

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | STC and IIC ratings for building elements which are common between occupancies or common spaces to the habitable spaces of the household units | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Construction details and/or system specifications  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

#### G7: Natural Light

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Vertical windows in external wall 10% of floor area minimum housing, old people's homes and early childhood centres or BRE calculation methods<br><i>(NZS 6703 Appendix A)</i> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Awareness of the outside environment: clear glazing and location of glazing  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

#### G8: Artificial Light

| <input type="checkbox"/> N/A |     | Applicant to Complete |             | <input type="checkbox"/> N/A |     | Council Use Only |                               |
|------------------------------|-----|-----------------------|-------------|------------------------------|-----|------------------|-------------------------------|
| Ref or Page No.              | Yes | N/A                   | Description | Yes                          | N/A | RFI              | Reason for Decisions/Comments |

|  |                          |                          |   |                          |                          |                          |  |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input type="checkbox"/> | Artificial lighting locations: all exitways, access routes and common spaces<br><i>(refer G8.2 for limitations)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | Illuminance: minimum 20 lux min at floor level or NZS 6703 Section 11   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### G9: Electricity

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided (where Section 118 applies)                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Light switches and plug sockets for use by a person with a disability: details/locations provided                            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Emergency power systems: details provided where required for an essential service, listed on Compliance Schedule application | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### G10 – G11: Piped Services & Gas as an Energy Source

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Specifications provided: pipework construction, installation etc. | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Flues: location, materials, safety devices, fire dampers          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Automatic extinguishers   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Protection of supply and gas meter location                       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### G12: Water Supplies

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Alteration to an existing building or Change of Use assessment provided (where Section 118 applies)   |                              |                          |                          |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold water supply (potable and non-potable)<br><input type="checkbox"/> G12/AS1<br><input type="checkbox"/> G12/AS2<br><input type="checkbox"/> G12/VM1 | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Supply type: town, rainwater, bore, other water supply (potable or non-potable)   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Protection of potable water: hazard and backflow protection   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|                          |                          |  |                          |                          |                          |  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
|                          |                          | information, listed on Compliance Schedule application   |                          |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-potable supply: protection, outlet and pipeline identification   |                          |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Water supply: access, support, overflow, HWC / header if tank in roof space  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hot water supply system: type (electric, gas, solar), size, schematic, safe tray, wetback  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe water temperature: early childhood centres, schools, old people's homes, institutions for people with psychiatric or physical disabilities, hospitals (45 degrees). All other buildings (55 degrees). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Usable facilities for people with disabilities: details provided   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### G13: Foul Water (Sanitary Plumbing & Drainage)

| <input type="checkbox"/> N/A                    |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|---|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.                                 | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
| <b>Part 1: Plumbing</b>                         |                          |                          |   |                              |                          |                          |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing system identified<br><input type="checkbox"/> G13/AS1<br><input type="checkbox"/> G13/AS3<br><input type="checkbox"/> Other                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Waste length to floor waste gully   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Waste pipe diameter, length, material and gradients   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Stack System</b>                             |                          |                          |   |                              |                          |                          |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Schematic provided for any stack system   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Fully vented /modified<br><input type="checkbox"/> Single stack plumbing /modified<br><input type="checkbox"/> Suspended drainage principles | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Stacks, vents & branches: size, gradients & lengths provided  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Exclusion zones at base of stacks   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Mid floor joists/beam layout allow passage of stack/branches  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Part 2: Suspended &amp; Subsoil Drainage</b> |                          |                          |   |                              |                          |                          |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Drainage system identified<br><input type="checkbox"/> G13/AS2<br><input type="checkbox"/> G13/AS3<br><input type="checkbox"/> Other                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | Reticulated services: connection to public sewer shown on plans and aligns with CODC mapping or as-built plans  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |



|                          |                          |  |                          |                          |                          |  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Onsite wastewater system: report, design and calculations provided   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Connection to Council services required  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Council sewer under or within 2m of building: engineering approval provided or required  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Drains entering other properties: Section 75 / easements details provided where applicable.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Grease Traps: refer to Trade Waste officer. <i>Figure 4 G13/AS2 for details</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Schematic provided for above ground suspended drainage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Drainage main drain, branches, gradients & lengths provided  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Venting of drains: terminal vent and unvented branch drains  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Overflow relief gullies (ORG)/Gully traps: location and charged  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Floor waste gullies are charged by fixture in same room or tundish   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Access points (i.e. inspection points, rodding points etc.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Angle of influence, depth and proximity of drain to building   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Plumbing pipes not running through point load pad or slab thickenings<br><i>(cross-check against truss plan or engineering's drawings)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

#### G14: Industrial Liquid Waste

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Security details provided   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Treatment and disposal: NUO requirements, discharge with or without pre-treatment to comply with G13/AS2 or G14/VM1 | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

#### G15: Solid Waste (Multi-Unit & Group Dwellings Only)

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Capacity of containers and storage areas: 80 litres per dwelling (multi-unit and group dwellings), space, ventilation provided | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|                          |                          |   |                          |                          |                          |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Carrying distance: multi-unit and group dwellings, 30m from chute or storage area   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Solid waste storage areas: opening windows, water supply, ventilation, mechanical ventilation, access, another acceptable solution NZS 4303 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Solid waste chutes: details provided  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

### H1: Energy Efficiency

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |   | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|---|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description   | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Building thermal envelope: housing and small buildings or large building other than housing, R values for insulation and building elements provided | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Artificial lighting: commercial and non-residential buildings   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### Specified Systems

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |     | Council Use Only |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|-----|------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A | RFI              | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Form 27 (Application for Compliance Schedule) or Form 11 (Application for Amendment to Compliance Schedule) provided and complete<br><i>(all forms found <a href="#">here</a>)</i> |                              |     |                  |                               |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Specified Systems forms complete up to and including the Performance/Installation information and reviewed   |                              |     |                  |                               |

### Producer Statements and/or Other Certificates

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | N/A                      | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | Copies of all relevant Producer Statements (PS1s/PS2s) provided. Construction monitoring information provided specifying inspections to be carried out by third parties. | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

### Certificate for Public Use

| <input type="checkbox"/> N/A |                          | Applicant to Complete    |  | <input type="checkbox"/> N/A |                          | Council Use Only         |                               |
|------------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|-------------------------------|
| Ref or Page No.              | Yes                      | N/A                      | Description  | Yes                          | No                       | RFI                      | Reason for Decisions/Comments |
|                              | <input type="checkbox"/> | <input type="checkbox"/> | If the public will have access to all or part of the premises during | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  | construction, a Certificate for Public Use is required to be issued with the building consent. |  |  |  |  |
|--|--|--|--|--|--|--|

| Product Certification    |                          |   |                          |                          |                          |                               |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------|
| Applicant to Complete    |                          |   | Council Use Only         |                          |                          |                               |
| Yes                      | N/A                      | Description   | Yes                      | N/A                      | RFI                      | Reason for Decisions/Comments |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>BRANZ Appraisals</b><br>Supporting alternative solutions, cladding systems etc with installation manual as specified in BRANZ appraisal.<br>If yes, please list applicable products:           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>CodeMark Certificates</b><br>Supporting alternative solutions, cladding systems etc with installation manual as specified in CodeMark certificate.<br>If yes, please list applicable products: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |

| COUNCIL USE ONLY  |                          |                          |                          |          |  |
|---|--------------------------|--------------------------|--------------------------|----------|--|
|   | Yes                      | N/A                      | RFI                      | Comments |  |
| Building category and classified use correct in MagiQ?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |  |
| Has consideration been given to any building methods or product warnings and/or bans? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |  |

**Council Use Only – Final Sign Off**

|                 |  |              |
|-----------------|--|--------------|
| <b>REFUSED</b>  | <b>I am NOT satisfied</b> 'on reasonable grounds' that the building consent application demonstrates compliance with the Building Code, and the building consent/amendment application is therefore refused under Section 50 of the Building Act 2004.                             |              |
|                 | <b>Processing Officer Sign-off:</b>  | <b>Date:</b> |
| <b>RFI</b>      | <b>I am NOT YET satisfied</b> 'on reasonable grounds' that the building consent application demonstrates compliance with the Building Code. A Request for Information (RFI) has been made to the applicant under Section 48 of the Building Act 2004 to aid in my decision making. |              |
|                 | <b>Processing Officer:</b>   | <b>Date:</b> |
| <b>APPROVED</b> | <b>I am satisfied</b> 'on reasonable grounds' that the building consent application demonstrates compliance with the Building Code, and the building consent/amendment application is approved and ready for granting, as per Section 49 and 51 of the Building Act 2004.          |              |
|                 | <b>Processing Officer Sign-off:</b>  | <b>Date:</b> |

**Council Use Only – Peer Review (if required)**

|                              |              |
|------------------------------|--------------|
| <b>Peer Review Sign-off:</b> | <b>Date:</b> |
| <b>Comments:</b>             |              |