



007

COMPLIANCE

CCC TRACKING SHEET

CONSENT N ^o : BC-2015-270/0			
APPLICANT NAME:		Bryan Gordon Wadsworth and Margaret Wadsworth	
PROJECT DESCRIPTION:		Workshop (Shell Only)	
LEGAL DESCRIPTION:		LOT 11 DP 120046 BLK VII HOKIANGA SD-SUBJ TO ESMTS	
BUILDING SUPPORT OFFICER TO COMPLETE			
T33 attached:	<input checked="" type="checkbox"/>		
Signed off by: (officers name)	R Spooner		
Date signed:	16-4-15		
DECISION made by officer:	<input checked="" type="checkbox"/> ISSUE CCC <input type="checkbox"/> REFUSE CCC		
RECONCILE INSPECTION FEES / DCFS (TICK / N/A) (TICK / N/A)			
Total number of billable visits:	2	DCF's checked:	NA
Number invoiced to date:	2	Historic / Current debtor details checked:	NA
Number of inspections to be invoiced / credited	NA	Invoice or credit note (with claim form) posted:	NA
TIDY UP BC SCREEN (/0) (TICK / N/A) (TICK / N/A)			
Update final inspection details (if applicable)	<input checked="" type="checkbox"/>	Remove all expiry dates	<input checked="" type="checkbox"/>
Tidy up 'Inspection' screen	<input checked="" type="checkbox"/>	Untick any unnecessary popup memo's	<input checked="" type="checkbox"/>
Complete first inspection task if not already done	<input checked="" type="checkbox"/>	First inspection / timesheet tasks completed	<input checked="" type="checkbox"/>
TIDY UP CCC SCREEN (/1) (TICK / N/A) (TICK / N/A)			
Update owners postal details from Form 6	<input checked="" type="checkbox"/>	CCC documents generated	<input checked="" type="checkbox"/>
Current lawful use entered	<input checked="" type="checkbox"/>	Untick any unnecessary popup memos	<input checked="" type="checkbox"/>
Responsible officer entered	<input checked="" type="checkbox"/>	Enter Billable / Non Billable hours	<input checked="" type="checkbox"/>
Misc Data / Names / References entered	<input checked="" type="checkbox"/>	Compliance Schedule required	NA
All workflow tasks completed	<input checked="" type="checkbox"/>	Decision entered	<input checked="" type="checkbox"/>
If CPU applies delete expiry date	NA		
OLDER CCC'S MISCELLANEOUS (TICK / N/A) (TICK / N/A)			
Modification sent to MOBIE	NA	Pool inspector advised of pool	NA
Inspection block in place if CCC is refused	NA	Clock days / status / decision correct	<input checked="" type="checkbox"/>
NOTES:			
DOCUMENTS SENT TO ARCHIVES FOR FILING (TICK / N/A) (TICK / N/A)			
Decision – all CCC documentation	<input checked="" type="checkbox"/>	Plans documentation	
Inspection documentation	<input checked="" type="checkbox"/>	Application form	<input checked="" type="checkbox"/>
Financial documentation		Processing documentation	<input checked="" type="checkbox"/>
Compliance documentation			
DATE: 17-4-15	ASSESSED BY: Initials - RKS Signature - RKS-TC		

Inspection Type	Date	Results	Officer	On File	Notes
Sub Floor	04-Feb-2015	Pending	Malcolm Stevenson		
Foundations - Footing (pile or posts)	23-Feb-2015	Pending	Malcolm Stevenson		
Final	04-Mar-2015	Pending	Malcolm Stevenson		

TECHNICAL DECISION:

**SUSPEND
PROCESSING**
(circle)

Outstanding items are required and are nominated above. (under "NO")

Building Officer _____ Date: _____

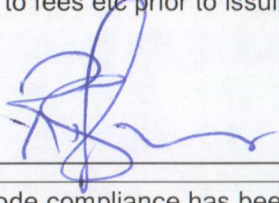
General / Follow up Comments (Change of Decision):

Work carried out in accordance
with the consented plans

**BUILDING IS
COMPLIANT
TO THE
ISSUED
CONSENT**

(circle)

I have checked the information and am "**satisfied on reasonable grounds**" the building has been completed in accordance with the issued plans and consent. A code compliance certificate may be granted subject to fees etc prior to issuing (admin to verify below).

Building Officer  Date: 16/4/15

REFUSE CCC

(circle)

I am not satisfied that code compliance has been achieved (reasons to be attached)

Building Officer _____ Date: _____

Code Compliance Certificate Checklist

ADDRESS OF PROPERTY	5 Waianga Place, Omapere 0473
CONSENT NUMBER	BC-2015-270/0
PROJECT DESCRIPTION	Workshop (Shell Only)
DATE FORM 6 RECEIVED	25/8/15

TECHNICAL REVIEW - BUILDING OFFICER:

Aspect	YES	NO	N/A	Comment
If Application is over 4 years old, File to be forwarded for peer review by Team Leader prior to final decision			✓	
Final inspection <u>passed</u> / failed (Items addressed) green final	✓			
Photographs attached	✓			
Final pack items <input checked="" type="checkbox"/> Form 6 supplied <input type="checkbox"/> RoW for residential buildings NA <input type="checkbox"/> Owner builder? (exemption declaration complete) NA <input checked="" type="checkbox"/> List of consultants / Tradespersons complete in full <input type="checkbox"/> Energy works certificate ✓ <input type="checkbox"/> Gas certificate NA <input checked="" type="checkbox"/> As laid drainage plans Per plan <input type="checkbox"/> As built (minor variations certified on site..... noted)	✓			
All building consent conditions fulfilled <input type="checkbox"/> Section 67 waivers and Modifications <input type="checkbox"/> Section 72 natural hazards <input type="checkbox"/> Section 75 two or more allotments <input checked="" type="checkbox"/> Section 90 inspections <input checked="" type="checkbox"/> Section 113 Specified intended life 50 yrs	✓			
Important and Imperative Information received <input type="checkbox"/> Survey certificate (Site specific for location, height or finish floor level) <input type="checkbox"/> Producer Statement (PS4) engineer <input type="checkbox"/> Producer Statement (PS3) constructor			✓	
Construction complies with approved building consent <input type="checkbox"/> Amended plans necessary? <input checked="" type="checkbox"/> Verify project description is accurate	✓			
Amendment application reviewed note BC _____				
Nominated site inspections verified	✓			Nominated: 2 Actual: 2
Swimming pool / spa on site <input type="checkbox"/> Pool final inspection checklist completed (blue final)				SPL no:
Commercial only <input type="checkbox"/> Specified Systems installed to approved plans <input type="checkbox"/> Certification or commissioning statements for S/S (FPIS CERT etc) <input type="checkbox"/> Draft C/S verified (further information?) <input checked="" type="checkbox"/> IQP Identified				



Compliance and Electrical Safety Certificate

This form has been issued by the Electrical Workers Registration Board



Unique ID: SRE0023

Safety • Competency

This form has been designed to be used by licensed electrical workers to certify low voltage installations or part installations that comply with Part 2 of AS/NZS 3000 and are safe to be connected to a 230/400 volt multiple earth neutral (MEN) system of electrical supply.

(1) Location of installation

Address: 5 Waianga Place, Omapere

(2) Customer Information

Name: M & W Wadsworth

Postal Address:

Phone and Email: 0274418482 margwadsworth@gmail.com

(3) Electrical Worker Information

Name: Shane Richardson

Registration/Practising Licence Number: E12192

Organisation: Shane Richardson Electrical Ltd

Telephone Number: 0274525295

Email: srelectrical@xtra.co.nz

Name of person(s) being supervised:

(4) Work Details

The work is (circle): ☒ additions ☐ alterations ☐ new work

The prescribed electrical work is:
(Please tick (✓) as appropriate)

☐ High Risk

☒ General

☐ Low Risk

☐ The homeowner has undertaken part of the electrical installation work.

Indicate the number of each item
installed or altered:

Other Work?

Tick (✓) if work includes:

Number of lighting outlets: 7

Electrical wiring of new building

☐ Mains

Number of socket outlets: 4

Including submain, distribution board

☐ MEN switchboard closest to point of supply

Number of ranges:

and all sub circuits

☐ Main Earthing System

Number of water heaters:

☐ Electric Lines

(5) Certification of Work

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

☒ has been installed in accordance with a certified design

☒ has an earthing system that is correctly rated

☒ contains fittings which are safe to connect to a power supply

☐ relies on supplier's Declaration of Conformity (attach or reference¹)

☐ relies on manufacturer's instructions (attach or reference¹)

☒ has been satisfactorily tested in accordance with Electricity (Safety) Regulations 2010

☒ is safe to connect

Electronic reference: SRE0023

Electrical Worker's Signature: *SRE*

Date: 12/03/2015

1. If it is impractical to attach a copy of a particular manufacturer's instructions, or of any certified design or supplier declarations of conformity, provide a reference to where the documents can be found, in a readily accessible format, through electronic means.

Test Results:

	Electrical Worker	Inspector
Polarity (independent earth):	O.K	
Insulation resistance:	>500	
Earth continuity:	<0.5	
Bonding:		
Other (specify):		

(6) Electrical Safety Certificate

I certify that the installation, or part of the installation, to which the Electrical Safety Certificate applies is connected to a power supply and is safe to use

Name: Registration/Practising Licence Number:

Signature:

Date

(if certifier is different from electrical worker)