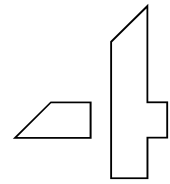


BUILDING INSPECTION CHECKLIST (DOM/RES)

GROUP FOUR



GROUP FOUR
BUILDING CONSULTANTS

INSPECTOR: _____

ADDRESS: _____

DATE: _____ ARRIVAL TIME: _____ DEPARTURE TIME: _____

PROJECT : _____ SPECIAL AREAS: _____

BOOKING INSPECTION No: _____ PERMIT No. _____ PERMIT DATE _____

FINAL

GENERAL

519 All Works Complete YES NO

137 Steps comply ie 190 rise, 250 tread, 125 gap between open treads
Rise: _____ Tread: _____ Gap: _____ YES NO

138 Glazing complies within 1500 of bath, stairwell YES NO

139 Soil graded away from dwelling YES NO

140 Agi drain installed and connected to silt pit YES NO

141 DP's connected to SWD system YES NO

142 Hand rails comply YES NO

143 Balustrade spacings max 125 YES NO

144 No horizontal rails if > 4m above NGL YES NO

145 Articulation joists installed as per soil report YES NO

146 Bushfire Provisions Installed YES NO

147 Roof tiles pointed YES NO

148 Root Barrier required YES NO

149 Mortar to brickwork satisfactory YES NO

249 Rescode Provisions Fence Height _____
Screens _____ Obscure Glazing _____ YES NO

150 Smoke Detectors YES NO

151 Removable hinges to WC YES NO

152 Ventilation to internal WC/Laundry YES NO

153 Landings - Doors screwed shut YES NO

154 Facilities installed YES NO

155 Utilities connected - electrical, gas, power, water YES NO

GENERAL (cont)

156 Weep holes installed at 1m centres YES NO

157 Pool fencing installed / Required? YES NO

158 Garage FRL on boundary YES NO

159 Termite Protection Installed YES NO

160 Retaining wall required / Installed YES NO

253 Building Permit Conditions Satisfied as per the Building Permit
YES NO

CERTIFICATES

161 OP request YES NO

162 Insulation YES NO

163 Glazing YES NO

164 Septic Tank YES NO

165 5 Star / Acoustic YES NO

166 Electrical Y N YES NO

TERMITES

167 Part A YES NO

PLUMBING

169 Hot & Cold Water Fascia YES NO

170 Below Ground YES NO

171 Heating / Cooling YES NO

INSPECTION RESULT:

APPROVED

NOT APPROVED

APPROVED SUBJECT TO COMMENTS

Contractor Notified: YES NO

Contractor On Site: YES NO

Use Reverse Side for Comments

Name of Contractor On Site and/or Phone No. _____