

Certificate of Acceptance Vetting Checklist

For initial completion by the applicant

Ref: COAV 01

Ver:5

Issued 8th March 2021

RDC-117496

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Copies Rqd	ADMINISTRATION CHECKLIST <i>To be completed by Customer Service Centre</i>	Complete ✓							
2	Geyserview printout (contour plan) checked with Applicant for Correctness								
1	Certificate of Acceptance Checklist (Yellow Document) has been completed								
Document	Description	Applicant to Complete	Plan/Spec No.	RDC USE ONLY					
Address		S	N/A	N/A	P	F	N/A		
Certificate of Acceptance Form 8 completed and signed				S	N/A	N/A	P	F	
Documents									
To avoid having your application returned please ensure the plan/specification No. is provided where appropriate.				S	N/A		P	F	N/A
1	Two copies of a report prepared from an independent professional whom holds indemnity insurance. (proof of cover is necessary)	S			P	F	N/A		
2	This report must clearly identify how the building work complies or does not comply with each of the 35 NZ Building Code Clauses. (whether applicable or not) Support application with photos, statements etc as applicable	S	N/A		P	F	N/A		
3	Supporting information to demonstrate when work was complete including statements, invoices, receipts etc that include dates	S	N/A		P	F	N/A		
4	Schedule of persons whom carried out the work	S	N/A		P	F	N/A		
5	Asbestos survey report, declaration form and management plan– required for all alterations and additions to all buildings constructed prior to the year 2000 (complete rear of this form)	S	N/A		P	F	N/A		
6	Plans and specifications to the same quality as if applying for a building consent (site plan including dimensions to boundaries, floor plan, elevations, cross sections, drainage details, day lighting angles)	S	N/A		P	F	N/A		
7	Current certificate of title no more than 6 months old Calculated inspection time and travel?	S	N/A		P	F	N/A		
Additional Fees <i>Calculated inspection time and travel?</i> <i>For non-fixed cost "Building Consent" applications please</i>							P	F	N/A
Please be aware that additional fees may be applied after lodgment deposit is paid, for inspections, processing, certificates, government levies and the like (<i>discussed?</i>)							Y	N	Mail

Agent to complete and sign below

Owner has been advised that this Certificate of Acceptance application may have implications under the District Plan, other Acts or Bylaws.

Name _____ Signed _____ Date _____

Applicant

RDC

S =Supplied (2 copies)
N/A =Not Applicable

P = Pass
F = Not supplied – further information required

N/A= Not Applicable

Inspection and Fees Calculation Sheet

400	Guide Only– (min ¼ hour increments)	# of Insp	# of ¼ hour Increments
INSPECTIONS (Circle correct letter)			
Combined inspections – complete free text on sheet 2			0
Siting, Footings, Foundations	3		
Retaining Walls	2-3		
Subfloor Bracing & Fixing	2		
Pre-floor P&D	2		
Pre-floor P&D including Siting (rib-raft)	3		
Concrete Floor Building	2		
Pre-Wrap <200-<300->	3-4-5		
Wrap Only	2		
Wrap/Cavity Battens	3		
½ High Brick	2		
Bond Beams (One Block- full basement)	2-3		
Precast Concrete Work	2		
Pre Plaster	3		
Solar water heater	2		
Preline Building	3		
Preline P&D	2		
Wet Areas/Tanking/Basements	2		
Postline (Addition – New Dwelling)	0.5 – 0.75		
Sanitary & Stormwater Drainage)	0.5 – 0.75		
Enclosed Decks – membrane roofs/gutters	2		
Disconnection drainage	2		
Swimming Pools (Pool fencing)	2		
Solid Fuel Heater	2		
In Built Solid Fuel Heater	2		
Final Inspection (Res ≤ 200m² = 1 hr min) (Com/Ind = 1½ hrs min)	4-5 (6)		
Free text - complete free text on sheet 2			0
Total		#	#
1	Total number of ¼ hour increments x \$53.50 = (Inspection cost)		\$
2	Travel (total travel time one way only, calculate by using Google maps for RLC)	# of inspections x \$/minute x Time/ trip =	\$
3	CCC Assessment	# of inspections x 8 (R1-3) or 12 (C1-3) minutes (round up to nearest ¼ hour) and multiply by ¼ hour rate x = /15 = x \$53.50 =	\$
TOTAL INSPECTION CHARGE (Transpose this charge onto page 1)			\$

ASBESTOS CONTAINING MATERIAL (ACM) DECLARATION

1. THE BUILDING

2. Name of "COMPETENT PERSON" COMPLETING THIS DECLARATION

Name: _____ Phone No: _____

Mailing address: _____ Mobile: _____

_____ Email: _____

Qualification to be considered a "competent person" under the H&S (Asbestos) Regulations 2016

3. ASBESTOS CONTAINING MATERIAL (Only where effected by the proposed building work)

		ACM present
Subfloor	Framing and linings (Enclosed subfloor sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Electrical services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Hydraulic services (Drains, gully traps and vent pipes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Insulation material (Underfloor or pipe lagging)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Membrane material	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Old stored building material or litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
Exterior	Claddings and flashings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Soffit and/or fascia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Roof tiles/sheeting and gutters	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Electrical Services (Fuse boards etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Skylights and manhole frames	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Membrane materials (Gutters, decking and flashings)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Hydraulic services (Down pipes, drains and vent pipes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Flue pipes, roof ventilators and terminal vents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
Interior	Substrate and linings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Floor coverings (Vinyl, tiles etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Paint finish (Walls and ceilings)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Plumbing (inc Hot water cylinders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Insulation Material	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Fixtures (Toilet seat/cistern – bath tiles)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
	Ceiling tiles and/or plaster stipple/textured coated ceilings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined

Note: This Table is not a comprehensive list of possible elements containing Asbestos.

Rotorua Lakes Council has made this checklist to guide the home Owner, Project Designer or Project Manager with a means to identify any possible Asbestos Containing Materials that will be affected during the Building Consent Process

Note: DEFINITION OF CLASS A ASBESTOS CONTAINING MATERIAL

When dry, an ACM is considered friable (Class A) if it can be crumbled, pulverized, or reduced to powder by hand pressure. If it can't, it's considered non-friable ACM (Class B)

4. UNDERTERMINED ELEMENTS –(Laboratory Tested)

Where the previous field has been marked as undetermined and the proposed building work will affect this possible ACM (Asbestos Containing Materials) these elements/materials must be tested for ACM!
The following elements are those that had been tested and found to be Asbestos Containing Materials.

The following elements are those that had been tested and found NOT to be Asbestos Containing Materials.

5. OUTCOME OF ASBESTOS SURVEY

Is the total area of non-friable Asbestos (affected as a result of this Building Consent) greater than 10m²? Yes No
(Licensed Asbestos Remover must be engaged)

Is a Non-licensed Asbestos Contractor to be engaged to remove less than 10m² of Class B non-friable Asbestos
Asbestos Containing Materials? Yes No

Is there any Class A Asbestos Containing Materials (ACM) on the property or the building and
are these ACM's to be affected as a result of the proposed building works? Yes No
(Licensed Asbestos Remover must be engaged)

If the answer is **YES** to any of the above prompts then an Asbestos Management plan is required in accordance with NZ
Health and Safety at Work (Asbestos) Regulations 2016

Asbestos Management plan is completed and is included within this Building Consent application. Yes No

Please Note: If an Owner/Builder is to undertake the removal of the Asbestos then they must remove and dispose of all
Asbestos Containing Material in accordance with the Health and Safety Act 2015 and provide the "Disposal Certificate" to
Council before Inspections by Council may be arranged.

6. ASBESTOS CONTAINING MATERIALS (ACM)

I, [name] _____ believe on reasonable grounds that this declaration can
be relied on by Council for compliance with both the NZ Building Act 2004 and the Health and Safety Act 2015 when
processing the Building Consent application and undertaking Inspection on the building work.

Signature: _____ Date: _____

The signature is that of the Owner or the;

Licensed Assessor or Competent Person on behalf of and with the approval of the Owner.

7. ADMINISTRATION (Council Use Only)

Place a copy of this Declaration Form and any supporting documentation into the Building Inspectors Polly wallet

Yes No