

**PRE-WRAP
Checklist**

Address:

Consent #:

Inspectors name:

Date:

8:00am	10:00am	1:00pm	3:00pm	Pass	Fail

Partial	Full

Documentation

	Pass	Fail	N/A
Restricted Building Work			
Is the producer statement required prior to final inspection			
Is it in sea spray zone			
Are consent approved products used			
Cladding type Identified			

Timber framing/fixings

Are studs at correct spacing for the cladding			
Is the framing treatment correct			
Are Top & Bottom plate fixings correct			
Are lintel strap fixings in place			
Is the truss spacing/tie down correct			
Are exterior sheet bracing fixings in place			
Are purlin to rafter fixings correct			
Check truss design and supply against approved documents			
Internal Decking substrate suitability/Treatment			

Comments