

Producer statement construction review (PS4)

Auckland Council
Te Kaitiaki o Tāmaki Makaurau



TO BE COMPLETED BY THE DESIGN PROFESSIONAL WHO HAS BEEN ENGAGED TO OBSERVE CONSTRUCTION

Author name: Author number:

Author company:

Building consent N°:

Site address:

Legal description:

Engaged by: (Owner's name)

I confirm that I have sighted the above building consent and read the attached conditions of consent. Further, based upon my observations and information supplied by the contractor during the course of construction I believe on reasonable grounds that the building work has been completed in accordance with the building consent and consented plans.

NB Engineer must leave inspection records on site following inspection

Description of building work observed:

NZBC clauses: (select as applicable)

<input checked="" type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6	<input type="checkbox"/> D1	<input type="checkbox"/> D2	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3
<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	<input type="checkbox"/> F4	<input type="checkbox"/> F5	<input type="checkbox"/> F6	<input type="checkbox"/> F7	<input type="checkbox"/> F8	<input type="checkbox"/> G1	<input type="checkbox"/> G2	<input type="checkbox"/> G3	<input type="checkbox"/> G4	<input type="checkbox"/> G5
<input type="checkbox"/> G6	<input type="checkbox"/> G7	<input type="checkbox"/> G8	<input type="checkbox"/> G9	<input type="checkbox"/> G10	<input type="checkbox"/> G11	<input type="checkbox"/> G12	<input type="checkbox"/> G13	<input type="checkbox"/> G14	<input type="checkbox"/> G15	<input type="checkbox"/> H1		

NB: all statements must include B2

I understand that this producer statement, if accepted, will be relied upon by Council for the purposes of establishing compliance with the above building consent.

Signature: Date:

Address: Postcode:

Business: Fax:

Mobile: Email:

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Central Henderson Manukau Orewa Papakura Pukekohe Takapuna

Received by:

Signature:

Register checked: YES NO

Registration current: YES NO

Producer statement accepted as establishing compliance with the consented plans: YES NO

Producer statements are accepted solely at Auckland Council's discretion; please refer to the Producer Statement Policy which can be found on Council's website for further details <http://www.aucklandcouncil.govt.nz/EN/ratesbuildingproperty/consents/Consent%20documents/ec2301producerstatementpolicy.pdf>

Memorandum: record of building work

Section 88, Building Act 2004



Please use this form if you carried out or supervised restricted building work on a building consent.

Building details

Street address of building: 52 KAURI POINT RD, LAMINGHOLM, AUCKLAND

Postcode: 0604

Project details

Building consent number: BCO10085412 ABA 2016 054

Owner's details

Owner's name: BLAIR & CATHERINE MORTON JONES

Mailing address: 52 KAURI POINT RD, LAMINGHOLM, AUCKLAND

Postcode: 0604

Daytime phone: 093172924

Mobile: 0210658467

Email address: bmcortonjones@yahoo.com.au

Record of work that is restricted building work

Work that is restricted building work (Tick <input type="checkbox"/>)	Description (if necessary, describe the restricted building work)	Carried out or supervised (Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work)
Primary structure		
Foundations and subfloor framing	<input checked="" type="checkbox"/> BUILT TO PLANS ISSUED BY THE DRAUGHTING M REVA PLOTTED 10-4-2015	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Roof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Columns and beams	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Bracing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Other	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

Record of work that is restricted building work

Work that is restricted building work (Tick <input type="checkbox"/>)	Description (If necessary, describe the restricted building work)	Carried out or supervised (Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work)
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External moisture management systems

Damp proofing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Roof cladding or roof cladding system	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Wall cladding or wall cladding system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Waterproofing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Other	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

Issued by

LBP's name: Kyle John Williams

LBP number: BP113299

Class(es) licensed in: CARPENTRY

Plumbers, Gasfitters and Drainlayers registration number: (if applicable)

Mailing address: 84 KAURI POINT RD, LAINGHOLM, AUCKLAND

Postcode: 0604

Street address or registered address (if different)

Postcode:

Phone number: (home) 098178213

(work)

Facsimile number:

(mobile) 0275428453

Email address: wavehog1000@gmail.com

Website:

Licensed building practitioners statement

I, (LBP's name) Kyle John Williams

carried out or supervised the restricted building work recorded on this form.

LBP's signature: 

Date: 10/7/2017

Producer statement construction (PS3) Plumbing



All sections of this form must be completed

TO BE COMPLETED BY THE CERTIFYING PLUMBER WHO COMPLETED THE WORK

Author name: Chris Cooney Building consent No: ABA-2015-664

Author company: K-10 Limited.

Description of plumbing work: New ensuite bathroom (shower, vanity, WC), new laundry.

Legal description: LOT 402 DP17523.

Site address: 52 Kauri Point Rd, Laingholm.

I have sighted the above building consent and read the attached conditions of consent, and confirm that the plumbing pipe work and fittings have been selected and constructed to comply with the consented plans. I confirm that I have personally tested the water supply system by the method indicated below:

- By pressurising the pipe work to 1500kPa for a period of not less than 15 minutes (NZBC G12/AS1 7.5.1) (AS3500.4, 11.3 for 30mins, AS3500.5, 2.23.1 for 30mins) for both hot and cold water and checking to see that there are no leaks.
- By pressurising the u.p.v.c. cold water pipe work to 1.5 times the maximum working pressure for a period of not less than 15 minutes and checking to see that there are no leaks (NZBC G12/AS1, NZS7643 9.3.2)
- By pressurising the pipe work in accordance with the manufacturer's requirements (note the most robust test must be used)

Test report attached Yes No Inspected

I understand that this producer statement, if accepted, will be relied on by Council for the purposes of establishing compliance with the above building consent.

Signature: [Signature] Date: 9/9/2016.

Certifying plumber registration No: 17116.

Plumber contact details:

Address: P.O Box 15-385, New Lynn, AKL Postcode: 0640

Business: [Blank] Fax: [Blank]

Mobile: 021 721 343 Email: chris@k10plumbing.co.nz

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Received by: John Nicholls

Signature: [Signature]

Producer statement accepted as establishing compliance with the consented plans:

Register checked:	YES	NO
Registration current:	YES	NO
	YES	NO

ELECTRICAL CERTIFICATE OF COMPLIANCE
AND ELECTRICAL SAFETY CERTIFICATE

John Nicholas



Reference/Certificate ID No: EFF-1191

This form has been designed to be used by licensed electrical workers to certify that installations or Part installations under Part 1 or Part 2 of AS/NZS 3000 are safe to be connected to the specified system of electrical supply.

Location Details: 52 Kauri Point Road Langhorne Auckland.

Contact Details:
(Name and address) Blair Morton Jones

Name of Electrical worker: Dylan Gulley Registration/Practising licence number: E 249134

Organisation/company: Effective Electrics Limited

Phone and email: (021 122 4156) info@effectiveelectrics.co.nz

Name of person(s) supervised: Jonathan Cullough

Type of work:	Additions	Alterations	New work
The prescribed electrical work is:	Low risk	General	High risk (Specify):
Reference Standards:	Part 1 of AS/NZS 3000		Part 2 of AS/NZS 3000
Additional Standards:	_____		

Description of Work: (including date/s of work and type of supply system)

New electrical services without renovation, installation of 9x power outlets, 15 Down Lights installed and wired, 3x pendant install, 1x pendant wired, 4x Light Switch wired and installed, 1x outdoor sensor unit, all power and lighting feeds connected at existing switchboard.

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

Select those that apply:

- NO Has been installed in accordance with the specified certified design/
 YES Has an earthing system that is correctly rated (where applicable)
 YES Contains fittings that are safe to connect to a power supply
 YES Relies on a supplier Declaration of Conformity/
 YES Relies on a manufacturer's instructions/
 YES Has been satisfactorily tested in accordance with the Electricity (Safety) Regulations 2010
 YES Is safe to connect

Electronic/Other reference: EFF-1191

Certifier's signature:

Test Results	
Polarity (Independent earth)	PASS
Insulation resistance:	999 MΩ
Earth Continuity	PASS
Bonding	—
Fault Loop impedance	0.75 Ω
Other (specify):	—

Date: 4/6/2016

I Attach or reference, if it is impractical to attach a copy of a particular manufacturer's instructions or of any certified design or supplier declaration of conformity, provide a reference to where the documents can be found, in a readily accessible format, by electronic means.

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

Certifier's name: Dylan Gulley

Registration/Practising licence number: E 249134

Certifier's signature:

Certificate Issue Date: 4/6/2016

Connection Date: 4/6/2016

CUSTOMER COPY - THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE RETAINED FOR A MINIMUM OF 7 YEARS

This certificate also confirms that the electrical work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004

Producer statement construction (PS3) General construction work



All sections of this form must be completed

TO BE COMPLETED BY THE PERSON WHO HAS UNDERTAKEN THE BUILDING WORK

Author name: Christopher Drabble Building consent No: BCO10085412

Author company: Right Now Roofing NZ Author Registration No: 3738900

Description of building work: Metal Roofing and Associated Flashings i.e. Ridge, Apron and Drip edge Gutter Flashing.

Performance standard for maintenance and inspection, if applicable: N/A

Legal description: LOT 402 DP 17523

Site address: 52 Kauri Point Rd, Laingholm

NZBC clauses (select as applicable):

B1	B2	C1	C2	C3	C4	C5	C6	D1	D2	E1	E2	E3
F1	F2	F3	F4	F5	F6	F7	F8	G1	G2	G3	G4	G5
G6	G7	G8	G9	G10	G11	G12	G13	G14	G15	H1		

I have sighted the above building consent and read the attached conditions of consent and confirm that I have undertaken the building work described above in accordance with the consented plans and specifications.

I understand that Council will rely upon this producer statement, for the purposes of establishing compliance with the above building consent.

Signature: Chris Drabble Date: 19/7/2017

Tradesperson's contact details:

Address: 7 Clifton Rd Browns Bay Postcode: 0630

Business: 09 422 2131 Fax:

Mobile: 021 737 587 Email: chris@rightnowroofing.co.nz

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Accepted in support of inspection Accepted instead of inspection Register checked: Council LBP N/A

Name: John Nicholls Date: 01 AUG 2017

Producer statement accepted as establishing compliance with the consented plans: YES NO

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<http://www.aucklandcouncil.govt.nz/EN/ralesbuildingproperty/consents/Consent%20documents/ac2301producerstatementpolicy.pdf>