The following information must be supplied to Rotorua Lakes Council to show that repairs to effected buildings have been completed correctly so that the “insanitary building notice” attached to the building can be removed by Council. Building consent is not required for this work unless you chose to make structural changes or replace a fire (solid fuel heater of pellet fire).

Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demolition Work (√ = this work completed in these areas)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Undertaken** | **Living Areas** | | **Kitchen** | | **Bedrooms** | | **Bathrooms/WC** | | **Other areas (list)** | |
| Remove floor coverings |  | |  | |  | |  | |  | |
| Remove wooden floor |  | |  | |  | |  | |  | |
| Remove wall lining | All | Part | All | Part | All | Part | All | Part | All | Part |
| Remove insulation |  | |  | |  | |  | |  | |
| Remove cabinetry |  | |  | |  | |  | |  | |
| Deconstruct tiled showers |  | |  | |  | |  | |  | |
| Remove plumbing fittings (WC, bath etc.) |  | |  | |  | |  | |  | |
| Remove fires |  | |  | |  | |  | |  | |
| Isolate electrical |  | |  | |  | |  | |  | |
| Isolate gas |  | |  | |  | |  | |  | |

**Repairs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work Undertaken (√)** | **Living Areas** | **Kitchen** | **Bedrooms** | **Bathrooms/WC** | **Other area (list)** |
| Decontaminate building |  |  |  |  |  |

Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Moisture content of timber framing must be ≤18% (calibrated moisture meters to be used)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work Undertaken** | **Living Areas** | **Kitchen** | **Bedrooms** | **Bathrooms/WC** | **Other area (list)** |
| Maximum recorded moisture content |  |  |  |  |  |

Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work Undertaken (√)** | **Living Areas** | **Kitchen** | **Bedrooms** | **Bathrooms/WC** | **Other area (list)** |
| Replace wooden floors |  |  |  |  |  |
| Replace insulation |  |  |  |  |  |
| Replace wall linings |  |  |  |  |  |
| Bracing sheets fixed |  |  |  |  |  |
| Replace cabinetry |  |  |  |  |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work Undertaken (√)** | **Living Areas** | **Kitchen** | **Bedrooms** | **Bathrooms/WC** | **Other area (list)** |
| Re fit plumbing fittings |  |  |  |  |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work Undertaken (√)** | **Living Areas** | **Kitchen** | **Bedrooms** | **Bathrooms/WC** | **Other area (list)** |
| Walls decorated |  |  |  |  |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work Undertaken (√)** | **Living Areas** | **Kitchen** | **Bedrooms** | **Bathrooms/WC** | **Other area (list)** |
| Replace floor coverings |  |  |  |  |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Work Undertaken** | Describe quantity, location and system/ products used in repair |
| Tiled showers re built |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Work Undertaken** | Describe model and location (replacement fires require building consent prior to installation) |
| Re Fit Fires (solid fuel, pellet) |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

**“Energy Works Certificates” where applicable (relevant certificates to be supplied to Council for work relating to the electrical systems and gas works associated with the repairs)**

|  |  |  |
| --- | --- | --- |
| Electrical certificate of compliance or gas certificate (√ or NA) | Electrical | Gas |

**IMPORTANT INFORMATION FOR OWNER**

**On completion of all fields in this checklist please email all documents to buildingadmin@rotorualc.nz or alternatively post to Building Services at Rotorua Lakes Council, Private Bag 3029 Rotorua Mail Centre, Rotorua 3029.**

**Without completing this process, Councils property file will contain a live insanitary building notice and this status will appear on any future Land Information Memorandum and this may prove problematic should you wish to sell the property.**

**Council Use Only:**

**Technical**

This checklist has been reviewed for completeness and quality. On reasonable grounds the decision to rescind the insanitary building notice is made.

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment notes:

|  |
| --- |
|  |
|  |
|  |

**Business Support**

|  |  |  |  |
| --- | --- | --- | --- |
| Rescinded letter to owner |  | Rescinded letter to other parties with an interest |  |
| Update data base |  | Update land information |  |
| Information to property file |  | Other *(list)* |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_