



SOLID FUEL BURNER CHECKLIST/PROCESSING SHEET

To be filled out in full for all solid fuel burner building consent applications.

Address of installation: _____ Heater make and model: _____	OFFICE USE ONLY
	Application complete and accepted by vetting officer: Name: _____ Signed: _____ Accept More Info N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date: _____ Building Category: _____
<input type="checkbox"/> Two copies of specification, installation requirements and floor plan provided. <input type="checkbox"/> Free Standing <input type="checkbox"/> Inbuilt <input type="checkbox"/> Wood <input type="checkbox"/> Multi Fuel <input type="checkbox"/> Open Fire <input type="checkbox"/> Pellet <input type="checkbox"/> Second Hand Heater – Provide a letter from an Approved Person as selected by the Heater Manufacturer confirming the heater is acceptable to install. <i>Note: Must have a new flue system</i> <input type="checkbox"/> Manufacturer's Installation information supplied (Heater is tested to and complies with AS/NZS 2918:2001) <input type="checkbox"/> Heater installation requires heat shielding as it doesn't meet the clearance requirements of the Manufacturer's instructions or AS/NZS 2918:2001. Provide reduction factor calculation page of AS/NZS 2918:2001 and indicate reduced clearances on floor plan	Building consent number: _____ Accept More Info N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Comments: _____ _____ _____ _____ _____ _____ _____ _____

<p>Clean air requirements:</p> <p>Does the heater comply with any applicable Regional Authority/MFE emission standards?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Authorisation number (If applicable) _____</p>	<p>Accept More Info N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Comments</p> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Flue and liner system:– Manufacturer’s technical information supplied</p> <p><input type="checkbox"/> Skillion Roof: if dwelling has a skillion roof construction detail of flue penetration provided</p> <p><input type="checkbox"/> Roof flashing information provided to comply with NZBC E2 e.g. Dektite, Tray flashing etc.</p> <p><input type="checkbox"/> Chimney ventilation information provided.</p>	<p>Accept More Info N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Comments</p> <p>_____</p> <p>_____</p>
<p>Heater fitted with Wetback:</p> <p>Connected to open vented HWC to comply with NZBC G12/AS1 <input type="checkbox"/> Yes</p> <p>Tempering valve being fitted. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing</p> <p>Name of Certifying Plumber. _____</p> <p><input type="checkbox"/> Drawing provided of wetback revolve pipe setup.</p>	<p>Accept More Info N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Comments</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Drapes/Curtains:</p>	<p>Accept More Info N/A</p>

<input type="checkbox"/> Has consideration been given to the proximity of window drapes and curtains. These are to be restrained to maintain the minimum clearances for heat sensitive materials.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Comments <hr/>
<p>NZBC F7 Warning Systems: Smoke alarms to be located in all escape routes and in all sleeping rooms or in all escape routes and within 3m of every sleeping room door and the alarm must be audible on the other side of the closed door. Must have a test facility and a hush facility having a minimum duration of 60 seconds and are to comply with AS 3786, ISO 12239 or BS EN 14604.</p> <input type="checkbox"/> Smoke alarms as per above in the dwelling are shown on floor plan.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accept More Info N/A Comments <hr/> <hr/>

Office use only

Further Information Requested / Phone Call / Counter advice:					
Date	Name	Comment	Time cost	Date provided	Date approved

Granting of Building Consent

Name of building control officer:

Signed:

Date:

I am competent to undertake processing on this building consent and am satisfied on reasonable grounds that the provisions of the building code will be met if the building work is completed in accordance with the plans and specifications contained in this building consent (as per Section 49 of the Building Act 2004). I hereby grant this consent subject to payment of outstanding fees.

Senior review (optional)

Name of senior building control officer:

Signed:

Date:

I have undertaken a review of the processing of this building consent and am satisfied on reasonable grounds that the processing officer has undertaken a competent check in accordance with the processing sheet and the requirements of the building code.