



SOLID FUEL BURNER CHECKLIST/PROCESSING SHEET

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

<p>Address of installation: _____</p> <p>Heater make and model: _____</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Application complete and accepted by vetting officer:</p> <p>Name: _____</p> <p>Signed: _____ Accept More Info N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Date: _____</p> <p>Building Category: _____</p>
<p><input type="checkbox"/> Two copies of specification, installation requirements and floor plan provided.</p> <p><input type="checkbox"/> Free Standing <input type="checkbox"/> Inbuilt</p> <p><input type="checkbox"/> Wood <input type="checkbox"/> Multi Fuel <input type="checkbox"/> Open Fire <input type="checkbox"/> Pellet</p> <p><input type="checkbox"/> Second Hand Heater – Provide a letter from an Approved Person confirming the heater is acceptable to install. An Approved Person could be on Councils Producer Statement Register or be approved by the heater manufacturer. <i>Note: Heater must have a new flue system</i></p> <p><input type="checkbox"/> Manufacturer’s Installation information supplied (Heater is tested to and complies with AS/NZS 2918:2001)</p> <p><input type="checkbox"/> Heater installation requires heat shielding as it does not 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</p>	<p>Building consent number: _____</p> <p>Accept More Info N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Comments:</p>

<p>Clean air requirements: 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><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, provide construction detail of flue penetration.</p> <p><input type="checkbox"/> If a flue offset is required, provide a dimensioned drawing of the offset & detail where the offset is located (e.g. in the roof space, in the room)</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"/> Circle number of floors the flue penetrates: 0 1 2 Other: _____</p> <p><input type="checkbox"/> If the flue penetrates 1 or more floors, please provide a construction detail of the penetration.</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>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>Drapes/Curtains:</p> <p><input type="checkbox"/> Has consideration been given to the proximity of window drapes/curtains/coverings? These are to be restrained to maintain the minimum clearances for heat sensitive materials.</p>	<p>Accept More Info N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Comments</p>
<p>NZBC F7 Warning Systems: Smoke alarms shall be located as follows:</p> <p>a. In multi-storey units, there shall be at least one smoke alarm on each level within the household unit.</p> <p>b. On levels containing sleeping spaces, the smoke alarms shall be located either:</p> <p> i) In every sleeping space, or</p> <p> ii) Within 3.0m of every sleeping space door. In this case, the smoke alarms must be audible to sleeping occupants on the other side of the closed doors.</p> <p>c. In all cases, so the sound pressure level complies with that specified in NZS 4514.</p> <p>Comment: Smoke alarms also need to be located so that an alarm is given before the escape route from any bedroom becomes blocked by smoke. This includes those parts of escape routes on other floors. Although not required by this Acceptable Solution, the interconnection of individual smoke alarms should be considered if audibility is a problem.</p> <p><input type="checkbox"/> Smoke alarms as per above in the dwelling are shown on floor plan.</p>	<p>Accept More Info N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Comments</p>

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.