

WBCA002 - SPECIFICATION FOR INSTALLATION OF HEATING APPLIANCE

Applicant Name: _____

Project Address: _____

Date: _____

The following information must be supplied with your application

Checklist:-

- Certificate of Title
- Floor plan of entire building with rooms labelled and smoke detector locations shown. **NOTE:** Interconnected smoke alarms are now the minimum requirement.
- Copy of manufacturers heating appliance installation specifications
- Copy of flue installation specifications
- Copy of roof and wall (if applicable) flashing specifications
- Diesel Tank Installation specifications for location/restraining *(if applicable)*
- Second hand heating appliance - A certificate from a Certifying plumber or other suitably qualified person *(if applicable)*

1. Make and Model of appliance to be installed : _____

- | | | |
|--|------------------------------|--------------------------------------|
| a) Is this heating appliance | New <input type="checkbox"/> | Second Hand <input type="checkbox"/> |
| b) Does it replace an existing heating appliance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Did the existing heater have a wet back connected | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Tempering Valve currently fitted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Wet back connection proposed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. Hearth construction _____ and thickness _____mm

3. Will the Manufacturers stated clearances be achievable without heat shielding:

Yes **proceed to Question 4**

No complete following questions

Wall Protection

Specify approved non-combustible wall protection material to be used : _____

Air gaps: Protection to wall: _____mm, Top gap _____mm Bottom gap: _____mm

Spacer installation: Vertical / Horizontal (delete one)

Spacer material to be used: _____(Only Non-combustible materials to be used)

(If horizontal fixing is proposed, advise how ventilation will be allowed for through the spacers)

Clearances from heating appliance:

To Rear: _____mm To sides: _____mm

NOTE: Clearance Calculation Factors using approved non-combustible materials are: - - Protection with air gap of 12mm is x 0.40 - Protection with air gap of 25mm is x 0.30 - Double layer Protection with air gaps of 12mm between each layer is x 0.20 [For protection requirements for ceilings greater than 45 degrees off the vertical and flues through wall and multi storey floors refer to NZS 2918:2018.	
4. A) Does flue pass horizontally through wall:	Yes <input type="checkbox"/> No <input type="checkbox"/>
B) Is the ceiling sloping:	Yes <input type="checkbox"/> No <input type="checkbox"/>
C) Does flue pass through a floor:	Yes <input type="checkbox"/> No <input type="checkbox"/>
D) Does structural framing require modification:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If answering yes to a question above you are required to provide details of how compliance will be achieved.	
5. Type of flue kit:	
<input type="checkbox"/> Flue kit as specified by heating appliance manufacture.	
<input type="checkbox"/> Other: Full specifications are required to be attached with application.	
6. Height of flue above ridge: _____mm	
7. Roof cladding and pitch: E.g. Corrugated, Trapezoidal, Pressed tile, Masonry tile, membrane. Roof Cladding : _____ Pitch: _____ degrees	
8. Flue flashing type:	
<input type="checkbox"/> Soaker flashing with EPDM Flashing <input type="checkbox"/> Other: Details are required to be provided with application.	

- Note:** (a) Smoke detectors installed must be **INTERCONNECTED** type to comply with NZS 4514: 2021.
(b) Minimum height of the flue from hearth to chimney outlet to be **4.6 metres**
(c) If a roof truss is to be cut, **a report from an approved truss manufacturer** must be provided that covers the required remedial work.
(d) An Installer's Declaration must be provided.