## **Independent Third Party Review - Cover Sheet**

Part 2B and Schedule 2 of the Building Regulations 1993

Property/project details							
Lot number		Location					
Address							
Owner/s							
Applicant/s							
Description of proposed building work							
Certifying engineer							
Name		R	Registration number				
Nominee (if applicable)			legistration number applicable)				
<b>Building certifi</b>	er						
Name		R	Registration number				
Nominee (if applicable)			Registration number				
Independent review engineer							
Name		R	Registration number				
Nominee (if applicable)			Registration number				
Scope - review	v checklist						
Suitability of adopted design loads							
The existence of appropriate load paths within the building							
Review of the drawings of the building							
Review of the following primary and critical structural elements of the building:							
- primary and critical footings							
- primary and critical columns							
- primary and critical load-bearing walls							
- primary and critical shear walls and other bracing elements							



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- primary and critical roof beams and floor beams						
	- transfer slabs					
	- typical suspended slabs					
Other - please	Other – please specify:					
Documents att	ached					
	Description		Identifier (e.g. dr	awing no.)		
Summary of red	commendations					
(include attachments if necessary)						
Declaration by independent review engineer						
I declare that I am independent of the certifying engineer and have no financial or other interest in the outcome of this report.						
Signature		Date				