

## Solutions for better living

## HOUSING MODIFICATION SPECIFICATION FORM SAFE FENCED AREA

Person's Name:	$\Big $
Assessor's Name:	
Service Request#:_	

Fax to (09) 620 1702 or email moh@accessable.co.nz

The Fenced area will be	lineal metres or	square metres
One lockable wooden gate sup	plied in the scope of works is requi	ired.
An alternative gate type or ga	ate lock is required, please specify supp	lier, make and model:
An additional gate(s) is requi	red, specify number and location:	
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	ed of wood and the wooden palings with ce height will be 1800mm above ground	n no gaps will be fixed to the inside of the post and rail frame of d level.
The fenced area is visible from the	commonly used areas of the home to a	allow adequate supervision.
The fenced area includes access fr	om the house.	
The fenced area does not allow ve	hicle access or parking and does not inc	clude any of the drive way.
The fenced area does not include	a swimming pool or spa.	
There are no structures or items w	vithin the fenced area that can be used t	to climb the fence.
	um to prevent risk of injury - the guideli tres or 40 lineal metres whichever is the	ine for a small safe fenced area within the boundary of the e most cost effective.
Generally only one gate is provide	d. Additional gates may be considered v	where access to an area is essential, eg a clothes line.
The exterior house walls and exist	ing boundary fences where suitable are	to be considered as part of the plan for a safe fenced area.
to consult with an EMS Adviso	r and/or Technical Housing Advisor	r pre EMS Portal /Service Request:
Where an alternative fence design	, material or height is required	
Where a deck is being considered	as a safe play area or a transition area t	o the safe play area.
Where an additional gate (s) are re	equired.	
Where an alternative larger sized	area than the guideline needs to be con	sidered.
Where an alternative gate type or	gate lock is required.	
Where Housing New Zealand police	cy requirements impact on the scope of	the proposed fencing modification.
itional Notes / Fitting Instructio	ns:	

**Contractor Name** 

Date\_\_\_