



Solutions for better living

DOOR WIDENING - INTERNAL & EXTERNAL HOUSING MODIFICATION SPECIFICATION FORM

Person's Name: _____
 Assessor's Name: _____
 Application No.: _____

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

1. Internal Door

An internal door widening is required, using a hollow core door supplied in the scope of works:

Location	Existing width (mm)	810mm	860mm	910mm	Hinged Swing Door	Sliding Wall Mounted Door
Bedroom	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other location is required, please specify:

An alternative door width or type is required, please specify (Please explain the reasons in the application):

2. External Door

An external door widening is required, using a solid core door supplied in the scope of works:

Location	Existing width (mm)	Proposed 810mm	Proposed 860mm	Proposed 910mm
Front Door	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Door	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other location is required, please specify:

An alternative door width or type is required, please specify (Please explain the reasons in the application):

The external door widening will not compromise a load bearing wall and will not require a building consent.

The external door widening will not compromise weather tightness of the building and will not require a building consent.

3. Door Hardware & Features

Please discuss the type of door hardware supplied in the scope of works and the fixing height with the Contractor.

Alternative door hardware is required, please specify make, model and supplier (Please explain the reasons in the application where there is additional cost):

Existing features which require re-positioning / re-location, eg light switches, cupboards etc, please specify (Please note if remedial works are required eg upgrading of electrical switch/circuit board):

Additional Notes / Fitting Instructions:

EMS Assessor Signature _____ Date ____/____/____

Contractor Signature _____ Date ____/____/____