

DOOR WIDENING - INTERNAL & EXTERNAL HOUSING MODIFICATION SPECIFICATION FORM

Email to emshousing@accessible.co.nz

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

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 ____/____/____