

# Memorandum from licensed building practitioner: Record of building work

## Section 88, Building Act 2004

Please fill in the form as fully and correctly as possible.

If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

| THE BUILDING    |           |
|-----------------|-----------|
| Street address: |           |
| Suburb:         |           |
| Town/City:      | Postcode: |

| THE PROJECT              |
|--------------------------|
| Building consent number: |

| THE OWNER(S)   |                     |
|--|---------------------|
| <b>Note:</b> Contact details must be in New Zealand. |                     |
| Name(s):   |                     |
| Mailing address:                                     |                     |
| Suburb:  | PO Box/Private Bag: |
| Town/City:   | Postcode:           |
| Phone number:  | Email address:      |

## RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

### PRIMARY STRUCTURE

| Work that is restricted building work                                | Description of restricted building work              | Carried out or supervised   |
|--|--|---|
| Tick <input checked="" type="checkbox"/>                             | If necessary, describe the restricted building work. | Tick <input checked="" type="checkbox"/> whether you carried out this work or supervised someone else carrying out this work. |
| Foundations and subfloor framing <input checked="" type="checkbox"/> | <i>Supervised contractor - I was mostly on-site</i>  | <input type="radio"/> Carried out<br><input checked="" type="radio"/> Supervised  |
| Walls <input checked="" type="checkbox"/>                            | <i>Framing but not cladding</i>                      | <input checked="" type="radio"/> Carried out<br><input type="radio"/> Supervised  |
| Roof <input checked="" type="checkbox"/>                             | <i>Framing, including bracing</i>                    | <input checked="" type="radio"/> Carried out<br><input type="radio"/> Supervised  |
| Columns and beams <input checked="" type="checkbox"/>                | <i>2x front porch posts</i>                          | <input checked="" type="radio"/> Carried out<br><input type="radio"/> Supervised  |
| Bracing <input type="checkbox"/>                                     | <i>See foundations and walls</i>                     | <input type="radio"/> Carried out<br><input type="radio"/> Supervised   |
| Other <input type="checkbox"/>                                       | <i>N/A</i>   | <input type="radio"/> Carried out<br><input type="radio"/> Supervised   |

## EXTERNAL MOISTURE MANAGEMENT SYSTEMS

| Work that is restricted building work  | Description of restricted building work                            | Carried out or supervised   |
|--|--|---|
| Tick <input checked="" type="checkbox"/>   | If necessary, describe the restricted building work.               | Tick <input checked="" type="checkbox"/> whether you carried out this work or supervised someone else carrying out this work. |
| Damp proofing <input checked="" type="checkbox"/>  | <i>Foundations subcontractor</i>                                   | <input type="checkbox"/> Carried out<br><input checked="" type="checkbox"/> Supervised  |
| Roof cladding or roof cladding system <input type="checkbox"/>                           | <i>Done by roofing LBP</i>   | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Ventilation system (for example, subfloor or cavity) <input checked="" type="checkbox"/> | <i>See foundations</i>   | <input type="checkbox"/> Carried out<br><input checked="" type="checkbox"/> Supervised  |
| Wall cladding or wall cladding system <input type="checkbox"/>                           | <i>Done by EP LBP (one from start until 25/7/11 then the rest)</i> | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Waterproofing <input type="checkbox"/>   | <i>N/A</i>   | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Other <input type="checkbox"/>   | <i>N/A</i>   | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |

## ISSUED BY

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.

Name:

LBP number:

Class(es) licensed in: *Carpentry*

Plumbers, Gasfitters and Drainlayers registration number (if applicable):

Mailing address (if different from above):

Street address/Registered office:

Suburb:

Town/City:

PO Box/Private Bag

Postcode:

Phone number:

Mobile:

After hours:

Fax:

Email address:

Website:

## DECLARATION

I \_\_\_\_\_ carried out or supervised the restricted building work recorded on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_