

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 the requested details, please continue on another sheet and attach the additional sheet(s) to this form.

The building	(Office Use) BC checked (✓)
Street address of building _____	<input type="checkbox"/>
Suburb _____	<input type="checkbox"/>
Town / city _____ Postcode _____	<input type="checkbox"/>

The project	
Building consent number _____	<input type="checkbox"/>

The owner	
Name(s) _____	<input type="checkbox"/>
Mailing address _____	<input type="checkbox"/>
Suburb _____ PO Box / Private Bag _____	<input type="checkbox"/>
Town / city _____ Postcode _____	<input type="checkbox"/>
Email address _____	<input type="checkbox"/>

Record of work that is restricted building work

Primary Structure			
Work that is restricted building work (✓)	Description	Carried out / supervised	Office Use
	If necessary, describe the restricted building work	(✓) whether you carried out the restricted building work or supervised someone else carrying out the restricted building work	Licence Class Confirmed
<input type="checkbox"/> Foundations and subfloor framing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Walls		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Roof		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Columns and beams		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Bracing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>

External moisture management systems			
Work that is restricted building work (✓)	Description of restricted building work	Carried out of supervised	Office Use
	If necessary, describe the restricted building work	(✓) whether you carried out the restricted building work or supervised someone else carrying out the restricted building work	Licence Class Confirmed
<input type="checkbox"/> Damp proofing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Roof cladding or roof cladding system		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Ventilation system (for example, subfloor or cavity)		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Wall cladding or wall cladding system		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Waterproofing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	<input type="checkbox"/>

Note continue on another page if necessary.

Issued by	Office Use
Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work	LBP & PG&D Registers checked
Name _____	<input type="checkbox"/>
LBP / ID number _____	
Class(es) licensed in _____	<input type="checkbox"/>
Plumbers, Gasfitters and Drainlayers registration number (if applicable) _____	
Mailing address (if different from below) _____	
Street address or registered office _____	
Suburb _____ Town / city _____	
PO Box / Private Bag _____ Postcode _____	
Contact numbers Daytime _____ Mobile _____	
After hours _____ Fax _____	
Email _____	
Website _____	

Declaration

I _____ name of practitioner carried out or supervised the restricted building work recorded on this form.

 Signature _____ Date

Office use

I have undertaken the checks detailed on this Memorandum and confirm

- the person submitting the Memorandum is correctly registered as a LBP in the classes detailed
- licence sighted LBP Register checked
- the memorandum can be accepted
- the memorandum cannot be accepted for the following reasons:

 Building Officer's name _____ Signature _____ Date