MEMORANDUM FROM LICENSED BUILDING PRACTITIONER RECORD OF BUILDING WORK



Section 88, Building Act 2004

This form is used to outline what Restricted Building Work was carried out or supervised on a building site, and who carried it out or supervised it.

Complete this form and lodge online at <u>Objective Build</u>, together with your application for code compliance certificate.

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

THE PROJECT

Building consent number:

THE OWNER(S)		
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 🖉	If necessary, describe the restricted building work.	Tick Wwhether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and or subfloor framing		 Carried out Supervised
Walls		 Carried out Supervised
Roof 🔿		 Carried out Supervised
Columns and O beams		 Carried out Supervised
Bracing O		 Carried out Supervised
Other 🔿		 Carried out Supervised

EXTERNAL MOISTURE MANAGEMENT SYSTEMS		
Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick 🖉	If necessary, describe the restricted building work.	Tick W whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing		 Carried out Supervised
Roof cladding or roof cladding O system		 Carried out Supervised
Ventilation system (for example, O subfloor or cavity)		 Carried out Supervised
Wall cladding or wall cladding O system		 Carried out Supervised
Waterproofing O		 Carried out Supervised
Other 🔿		 Carried out 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:		
Plumbers, Gasfitters and Drainlayers registration number (if applicable):		
Mailing address (if different from below):		
Street address/Registered office:		
Suburb:	Town/City:	
PO Box/Private Bag	Postcode:	
Phone number:	Mobile:	
After hours:	Fax:	
Email address:	Website:	

DECLARATION

I work recorded on this form.	_ carried out or supervised the restricted building
Signature:	
Date:	

In signing this document electronically and submitting it to Hutt City Council, I declare that I am the person named in this document and that I am an agent qualified to carry out or supervise this work.