


# MEMORANDUM FROM LICENSED BUILDING PRACTITIONER RECORD OF BUILDING WORK

## Section 88, Building Act 2004

You can fill this form out online, and sign it and send it to us electronically. Basic instructions on how to apply are at the end of this form. For additional help go to: [www.huttcity.govt.nz/apply-online](http://www.huttcity.govt.nz/apply-online)

An up-to-date version of Adobe Reader is required to fill this form out online. Download for free  <http://get.adobe.com/reader/>

### 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 <input checked="" type="checkbox"/>                  | If necessary, describe the restricted building work. | Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work. |
| Foundations and subfloor framing <input type="checkbox"/> |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Walls <input type="checkbox"/>                            |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Roof <input type="checkbox"/>                             |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Columns and beams <input type="checkbox"/>                |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Bracing <input type="checkbox"/>                          |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Other <input type="checkbox"/>                            |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> 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 the restricted building work or supervised someone else carrying out the restricted building work. |
| Damp proofing <input type="checkbox"/>  |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Roof cladding or roof cladding system <input type="checkbox"/>                |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Ventilation system (for example, subfloor or cavity) <input type="checkbox"/> |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Wall cladding or wall cladding system <input type="checkbox"/>                |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Waterproofing <input type="checkbox"/>  |  | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised   |
| Other <input type="checkbox"/>  |  | <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:

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

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.

## HOW TO COMPLETE AND SUBMIT THIS FORM

### Additional information

If there isn't enough room on the form for all the information you wish to give us, please include the additional information as a separate PDF with your application (please state your name, the application address, and the question to which the information refers).

### Electronic signatures

Hutt City Council Environmental Consents Division will accept this application form with a digital signature created through Adobe or your existing digital signature. If you click on the pink arrow in the signature box, or choose 'Place signatures' from the tools menu on the right hand side, Adobe will prompt you to add your digital signature, or take you through the easy steps to create one.

### How to submit

Once you have completed and added the required signatures, please save it to your computer. You can then submit it with your supporting documentation by selecting 'Apply for it' under the 'Do it here' menu at [www.huttcity.govt.nz](http://www.huttcity.govt.nz).

If you would prefer to post or deliver your application, please print it, and send or deliver it to:  
Environmental Consents Division, Hutt City Council, Private Bag 31912, Lower Hutt 5040.

For enquiries, please phone 04 5706666