

Memorandum: record of building work

Section 88, Building Act 2004

Please use this form if you carried out or supervised restricted building work on a building consent

BUILDING DETAILS

Street address of building:

PROJECT DETAILS

Building consent number:

OWNER'S DETAILS

Owners name:

Mailing address:

Postcode:

Daytime phone:

Mobile:

Email address:

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

Work that is restricted building work		Description	Carried out or supervised
[Tick]	<input type="checkbox"/>	[If necessary, describe the restricted building work]	[Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work]

Primary structure

Foundations and subfloor framing	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Walls	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Roof (trusses / rafters / framing)	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Columns and beams	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Bracing	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Other	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

Work that is restricted building work	Description	Carried out or supervised
[Tick]	<input type="checkbox"/> [If necessary, describe the restricted building work]	[Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work]

External moisture management systems

Damp proofing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Roof cladding or roof cladding system	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Wall cladding or wall cladding system	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Waterproofing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Other	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

ISSUED BY

LBP's name: LBP No:

Class(es) licensed in:

Plumbers, Gasfitters and Drainlayers registration No: (if applicable)

Mailing address:

Street address or registered office:

Landline: Fax:

After hours: Mobile:

Email address: Website:

LICENSED BUILDING PRACTITIONERS STATEMENT

I, (LBP's name) Carried out or supervised the restricted building work recorded on this form.

LBP's signature: Date: