

# 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:

\_\_\_\_\_

Postcode:

## Project details

Building consent number:

\_\_\_\_\_

## Owner's details

Owner's name:

\_\_\_\_\_

Mailing address:

\_\_\_\_\_

Postcode:

Daytime phone:

\_\_\_\_\_

Mobile:

Email address:

\_\_\_\_\_

## Record of work that is restricted building work

Work that is restricted building work (Tick <input type="checkbox"/> )	Description (If necessary, describe the restricted building work)	Carried out or supervised (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	<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

## Record of work that is restricted building work

Work that is restricted building work (Tick <input type="checkbox"/> )	Description (If necessary, describe the restricted building work)	Carried out or supervised (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 number:

Class(es) licensed in:

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

Mailing address:

Postcode:

Street address or registered address (if different)

Postcode:

Phone number: (home)

(work)

Facsimile number:

(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: