

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

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

THE PROJECT
Building consent number:

THE OWNER
Name:
Address:
Telephone number:
Email address:

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

PRIMARY STRUCTURE

<p>Work that is restricted building work</p> <p><i>[Tick]</i> <input checked="" type="checkbox"/></p>	<p>Description of restricted building work</p> <p><i>[If necessary, describe the restricted building work]</i></p>	<p>Carried out or supervised</p> <p><i>[State whether you carried out the restricted building work or supervised someone else carrying out the restricted building work]</i></p>
<p>Foundations and subfloor framing <input type="checkbox"/></p>		<p><input type="checkbox"/> Carried out</p> <p><input type="checkbox"/> Supervised</p>
<p>Walls <input type="checkbox"/></p>		<p><input type="checkbox"/> Carried out</p> <p><input type="checkbox"/> Supervised</p>
<p>Roof <input type="checkbox"/></p>		<p><input type="checkbox"/> Carried out</p> <p><input type="checkbox"/> Supervised</p>
<p>Columns and beams <input type="checkbox"/></p>		<p><input type="checkbox"/> Carried out</p> <p><input type="checkbox"/> Supervised</p>
<p>Bracing <input type="checkbox"/></p>		<p><input type="checkbox"/> Carried out</p> <p><input type="checkbox"/> Supervised</p>
<p>Other <input type="checkbox"/></p>		<p><input type="checkbox"/> Carried out</p> <p><input type="checkbox"/> Supervised</p>

EXTERNAL MOISTURE MANAGEMENT SYSTEMS

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

[Name of licensed building practitioner who is licensed to carry out or supervise restricted building work]

*Licensed Building Practitioner number *[if applicable]*:

Class(es) licensed in:

*Plumbers, Gasfitters and Drainlayers Board registration number *[if applicable]*:

Mailing address:

Street address or registered office:

Telephone number:

Mobile number:

Daytime number:

After hours number:

Fax number:

Email address:

Internet site:

**Delete if inapplicable. The completed form must provide 1 of these numbers*

DECLARATION

I, _____, carried out or supervised the restricted building work recorded on this form.

Date: _____

Signature: _____