

DRAINLAYING FIRM Orange or Con Tossman BUILDING CONSENT No. 130618

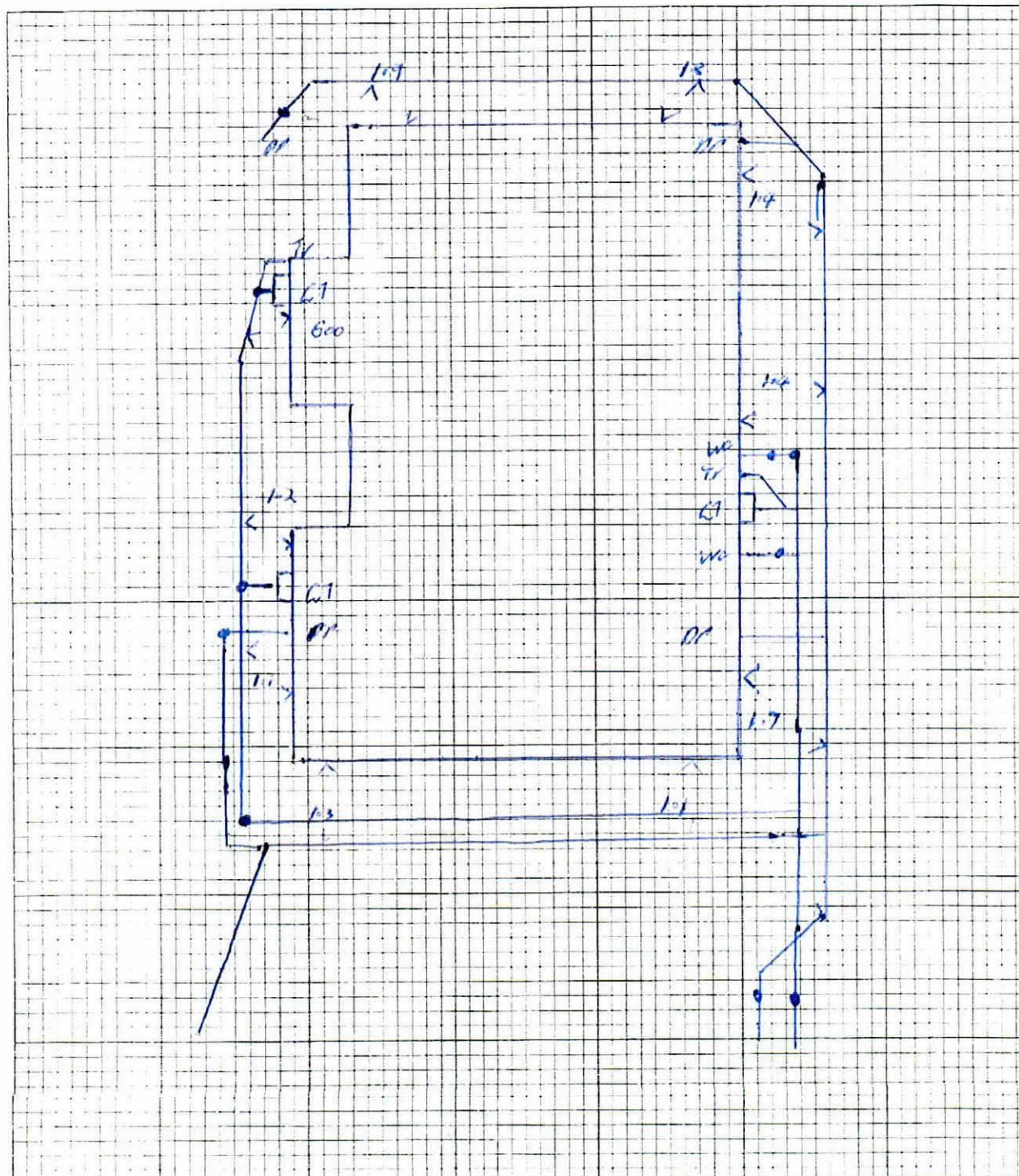
PROPERTY OWNER
Rex Smith

LOCATION/STREET 4 walnut drive

DATE 4/10/13

TOWNSHIP Mobile

DRAINAGE PLAN



INSTALLED TO BUILDING CODE
SIGNED BY REGISTERED DRAINLAYER

Cell 24828

INSPECTED BY

PRODUCER STATEMENT – PS4 – CONSTRUCTION REVIEW

(Guidance notes on the use of this form are printed on page 2)

ISSUED BY: **Andrew Melvin King-Turner Ltd**
(Construction Review Firm)TO: **R Smith**
(Owner/Developer)TO BE SUPPLIED TO: **Tasman District Council**
(Building Consent Authority)IN RESPECT OF: **New House - Hardfill platform, LVL roof beams, structural steelwork and their foundations only**
(Description of Building Work)AT: **4 Walnut Drive**
(Address)
..... **MOTUEKA** **LOT** **62** **DP** **SO** **Andrew Melvin King-Turner Ltd** has been engaged by **R Smith**
(Construction Review Firm)To provide ☐ CM1 ☒ CM2 ☐ CM3 ☐ CM4 ☐ CM5 (Engineering Categories) or ☐ observation as per agreement with owner/developer
or ☐ other services
(Extent of Engagement)in respect of clause(s) **B1, B2(steel beam & posts only)** of the Building Code for the
building work described indocuments relating to Building Consent No. and those relating to
Building Consent Amendment(s) Nos. issued during the
course of the works. We have sighted these Building Consents and the conditions of attached to them.Authorised instructions / variations(s) No. ... **89x3.5SHS installed - approved with roof bracing to canopy** (copies to be
supplied by others), unauthorised variations; **Steel painted with red oxide primer (instead of zinc arc spray) for durability**
paint coating to posts to be maintained - 15 years to first maintenance inspection biannually - touch up as required.or by the attached Schedule ☐ have been issued during the course of the works.On by the basis of ☒ this ☐ these review(s) and information supplied by the contractor during the course of the works and on
behalf of the firm undertaking this Construction Review, I believe on reasonable grounds that ☐ All ☒ Part only of the
building works have been completed in accordance with the relevant requirements of the Building Consent and Building
Consent Amendments identified above, with respect to Clause(s) **B1** of the Building Code.I also believe on reasonable grounds that the persons who have undertaken this construction review have the necessary
competency to do so.I, ... **Steven Geoffrey KING-TURNER** am: ☒ CPEng No. ... **142318**
(Name of Construction Review Professional)☐ Reg Arch No.I am a Member of: ☒ IPENZ ☐ NZIA and hold the following qualifications: ... **CPEng IntPE(NZ)**The Construction Review Firm issuing this statement holds a current policy of Professional Indemnity Insurance no less
than \$200,000*.The Construction Review Firm is a member of ACENZ: ☐SIGNED BY **Steven King-Turner** ON BEHALF OF **Andrew Melvin King-Turner Ltd**Date: **14-7-14** Signature:Note: This statement shall only be relied upon by the Building Consent Authority named above. Liability under this statement accrues to the Design
Firm only. The total maximum amount of damages payable arising from this statement and all other statements provided to the Building Consent
Authority in relation to this building work, whether in contract, tort or otherwise (including negligence), is limited to the sum of \$200,000*.This form is to accompany Forms 6 or 8 of the Building (Form) Regulations 2004 for the issue of a Code Compliance
Certificate.

CONSULTING ENGINEERS

12 PARU PARU ROAD, PO BOX 7036, NELSON
PHONE (03) 546 4565 FAX (03) 546 8575
BILL 0274 369 508 STEVEN 027 247 3961
EMAIL: wrandrewltd@xtra.co.nz

Inspection Schedule

This schedule to be kept on site and signed by the inspecting Engineer at the time of each inspection. On completion of the project this schedule is to be returned to the Engineer and a Producer Statement of Construction Review can be issued. Please advise the Engineer at least 24 hrs before an inspection is required.

PROJECT: R Smith
ADDRESS: 4 Walnut Drive
Motueka

The following structural elements of this project require inspection by a suitably qualified Engineer or his representative during construction in order to ensure compliance with the New Zealand Standard Code of Practice under which they were designed. Such inspections are considered an integral part of the structural design process, and are carried out to ensure that the structure will perform adequately. Failure to notify the Engineer that an inspection listed below is required may in some circumstances limit the designers liability for subsequent problems. This is particularly applicable to inspections of foundations and reinforcing steel where verification of compliance with the structural design may not be possible after construction is complete.

Inspection Required

Inspected / Comments

Hardfill platform - confirm bearing	19-08-13
Holes for STS posts - confirm depth	19-08-13
Structural steelwork	21-10-13
Roof beam connections to steelwork	21-10-13
Blockwalls	2-09-13

Steven King-Turner
ME BE(civil) NZCE MIPENZ CPEng IntPE

15-7-13
Date

Memorandum from licensed building practitioner: Record of building work

Section 88, Building Act 2004



THE BUILDING

Street address: 4 Walnut Drive	
Suburb: Motueka	
Town/City: Nelson	Postcode: 7120

THE PROJECT

Building consent number: 130618

THE OWNER(S)

Name(s): Rex & Louise Smith	
Mailing address: 4 Walnut Drive	
Suburb:	PO Box/Private Bag:
Town/City:	Postcode: 7120
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 work or supervised someone else.
Foundations and subfloor framing <input checked="" type="checkbox"/>	block foundation supervised by Site foreman laid by James King blocklaying, concrete slab within	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Walls <input checked="" type="checkbox"/>	Timber frame	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised

PRIMARY STRUCTURE CONT'D

Roof	<input checked="" type="checkbox"/>	long Run iron	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Columns and beams	<input checked="" type="checkbox"/>	Steel posts & beams inspected & designed by W R Andrews LTD installed	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Bracing	<input checked="" type="checkbox"/>	Internal Gib bracing	<input checked="" 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

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 checked="" type="checkbox"/>	Butynol Gutter by other	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

EXTERNAL MOISTURE MANAGEMENT SYSTEMS CONT'D


Wall cladding or wall cladding system	<input checked="" type="checkbox"/>	Rusticated cedar weather-board Direct fix	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Waterproofing	<input checked="" type="checkbox"/>	butynol Gutter by other	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Other	<input type="checkbox"/>		<input type="checkbox"/> Carried out <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: Trentan Gearry	LBP number: 108178
Class(es) licensed in:	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below):	
Street address/Registered office: 387 High st	
Suburb:	Town/City:
PO Box/Private Bag:	Postcode: 7120
Phone number: 021 866 740	Mobile:
After hours: 52 85060	Fax:
Email address:	Website:

DECLARATION

I Trentan Gearry carried out or supervised the restricted building work recorded on this form.	
Signature: 	Date: 17-05-2014



~~TD~~ TD PB

Pressure Test Certificate Piped Services at Pre-line

FORM NUMBER: BC44

DATE REVISED: 19 July 2010

Issued by: (print name) Phil Bevan

Registration Number: 20270

To: Tasman District Council

In respect to the following:

Piped services installed in accordance with G12/AS1 or NZS/AUS3500.1 and 3 (*delete one*) as shown on the approved plans or as per the attached amendment plan.

Installed at: (property address) Walnut Grove T

Building consent number: _____

Pipe brand used: Dux

Type of test: 1500 kPa

Duration: 30 min

As a craftsman plumber, currently holding an annual practising licence, I certify that I, or personnel under my control, have carried out the installation of the above system and I believe on reasonable grounds that the installation complies with the New Zealand Building Code.

Signature of Client/Builder

Signature of Plumber

For Council Use Only

Register checked: ☐

Date: _____

Inspector name: _____

Signature: _____



Use of Pressure Test Certificate



FORM NUMBER: BC45

DATE REVISED: 19 July 2010

Council has come up with a pre-line pressure test sheet, as we know how hard it is to arrange a time for the plumber and tester to be on-site with the Building Inspector.

This form can help out both you and Council. We need the whole form filled out, sighted and signed by a witness (either builder or client).

What brand of piping is being used?

PPR (ie, Fusiotherm, Wafetherm, Tigress)	Describe test (ie, 3 x 30 minutes at 2 bar) and provide copy of any manufacturer test sheet you will have to fill out
Polybutylene – Butylene 	30 min test, 1500 kPA (220 psi)  12 hr test, 1035 kPA (150 psi)
Copper	30 min test, 1000 kPA
Rehau	30 min test, 1500 kPA

Your test certificate can be left on-site with the building consent pack for us to pick up at the bracing pre-line inspection.

Water pressure is still to be maintained after the test is completed and until the building pre-line inspection has been undertaken.

For alterations where new piping is added to an existing system, the testing is to be at working pressure of the system and detailed in type of test.

For rural areas where pressures are much lower, or no water supply is available, we need a description of the test used on the certificate and water left in the piping.

If tests are not as per the above, the certificate will not be accepted and a pressure test will be required, with a reinspection charge being forwarded to the firm in question.

Rory Medcalf
Senior Building Inspector



TASMAN BAY PLUMBING



GASFITTING CERTIFICATE OF COMPLIANCE – GAS SAFETY CERTIFICATE

Reference No: XXXXXXX

Gas Safety Certificate and Certificate of Compliance made pursuant to Regulations 46 and 52B of the Gas (Safety and Measurement) Regulations 2010 (as amended), and Energy Work Certificate made pursuant to Regulation 19 of the Building Act 2004.

CLIENT	Total Design and Build	INSTALLATION	Domestic
ADDRESS		ADDRESS	Smith Walnut Grove Motueka
DESCRIPTION OF GASFITTING WORK INCLUDING ITEMS INSTALLED			
1. Westinghouse Gas Hob 2. 3.			
GAS TYPE	Natural Gas / LPG / Biogas	GAS SUPPLY PRESSURE	...2.70.... kPa
DATE(S) GASFITTING PERFORMED	18 / 12 / 2013		
STANDARD RISK CLASSIFICATION (tick one)		() Low (<input checked="" type="checkbox"/>) General [] High	
NAME, REGISTRATION NUMBER OF PERSONS WHO CARRIED OUT GASFITTING UNDER SUPERVISION: Enter names and registration numbers			
NAME: ROBERT COX		NUMBER # 18813	
CERTIFICATE ATTACHMENTS (tick as applicable) [-] Manufacturer's Instructions: Enter details of any attachments [-] Certified Designs: Enter details of any designs			
<p>"I believe on reasonable grounds that:</p> <ul style="list-style-type: none">(a) the gasfitting work described above has been done lawfully and safely; and(b) the work has been done in accordance with (tick one); [<input checked="" type="checkbox"/>] sections 3 to 6 of AS/NZS 5601.1, or [] sections 3 to 9 of AS/NZS 5601.2; and(c) the work [] has [<input checked="" type="checkbox"/>] has not (tick one) been done in accordance with a certified design; and(d) the work done [<input checked="" type="checkbox"/>] has [] has not (tick one) relied on any manufacturer's instructions; and(e) this certificate relates to the [<input checked="" type="checkbox"/>] whole [] part (tick one) installation described above; and(f) the gas installation is connected to a gas supply and is safe to use; and(g) the information contained in this certificate is correct."			
CERTIFIER NAME	DEAN LUSTY		
REGISTRATION NUMBER	03899		
SIGNATURE			
DATE	20 / 12 / 2013		



Compliance and Electrical Safety Certificate

This form has been issued by the Electrical Workers Registration Board



Safety • Competency

Unique ID: _____

This form has been designed to be used by licensed electrical workers to certify low voltage installations or part installations that comply with Part 2 of AS/NZS 3000 and are safe to be connected to a 230/400 volt multiple earth neutral (MEN) system of electrical supply.

(1) Location of installation

Address: 4 Walnut drive Motueka

(2) Customer Information

Name: R Smith

Postal Address: 4 Walnut drive Motueka

Phone and Email: _____

(3) Electrical Worker Information

Name: Hadyn Morge Registration/Practising Licence Number: E242011

Organisation: H-M-E Telephone Number: 0274832115

Email: michelle.hadyn@slingshot.co.nz

Name of person(s) being supervised: H Morge

(4) Work Details

The work is (circle): **additions** | **alterations** | **new work**

The prescribed electrical work is: ☐ High Risk ☒ General ☐ Low Risk ☐ The homeowner has undertaken part of the electrical installation work.

(Please tick (✓) as appropriate)

Indicate the number of each item installed or altered:

Other Work?

Tick (✓) if work includes:

Number of lighting outlets: 32

Number of socket outlets: 19

Number of ranges: 1

Number of water heaters: 1

☐ Mains

☐ MEN switchboard closest to point of supply

☐ Main Earthing System

☐ Electric Lines

(5) Certification of Work

I certify that the completed prescribed electrical work to which this certificate applies, has been done lawfully and safely and the information in the certificate is correct in that the installation, or part of the installation:

- ☒ has been installed in accordance with a certified design
- ☒ has an earthing system that is correctly rated
- ☒ contains fittings which are safe to connect to a power supply
- ☒ relies on supplier's Declaration of Conformity (attach or reference¹)
- ☒ relies on manufacturer's instructions (attach or reference¹)
- ☒ has been satisfactorily tested in accordance with Electricity (Safety) Regulations 2010
- ☒ is safe to connect

Electronic reference: _____

Electrical Worker's Signature: H Morge Date: 18-12-2013

1. If it is impractical to attach a copy of a particular manufacturer's instructions, or of any certified design or supplier declarations of conformity, provide a reference to where the documents can be found, in a readily accessible format, through electronic means.

Test Results:

	Electrical Worker	Inspector
Polarity (independent earth):		
Insulation resistance:		
Earth continuity:		
Bonding:		
Other (specify):		

(6) Electrical Safety Certificate

I certify that the installation, or part of the installation, to which the Electrical Safety Certificate applies is connected to a power supply and is safe to use

Name: Hadyn Morge Registration/Practising Licence Number: E242011

Signature: H Morge Date: 18-12-2013

(if certifier is different from electrical worker)

Memorandum Number: 34

Form 6A

Memorandum from licensed building practitioner: Record of building work
Section 88, Building Act 2004

The building

Street address of building:

4 Walnut Drv.

Motueka

The project

Building consent number:

The owner / Builder

Name: **Total Design and Build**

Address:

Telephone number:

Email address:

Record of work that is restricted building work

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

Primary structure

Foundations and subfloor framing ()		() Carried out () Supervised
Walls ()		() Carried out () Supervised
Roof ()		() Carried out () Supervised
Columns and beams ()		() Carried out () Supervised
Bracing ()		() Carried out () Supervised
Other ()		() Carried out () Supervised

External moisture management systems

Damp proofing ()		() Carried out () Supervised
Roof cladding or roof cladding system ()		() Carried out () Supervised
Ventilation system () (for example, subfloor or cavity)		() Carried out () Supervised
Wall cladding or wall cladding system ()		() Carried out () Supervised
Waterproofing (X)	Waterproofing gutters at 4 Walnut Drv. / Motueka with 1 mm black Butyl-Clad (ARDEX) .	(X) Carried out () Supervised
Other ()		() Carried out () Supervised

Note: continue on another page if necessary.

Issued by

Name:

LBP number: [BP122583](#)

Class(es) licensed in: [Waterproofing](#)

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

Mailing address:

Street address or registered office: [35 Totara View Rd.](#)

Phone number: Landline: [03-541-8631](#) Mobile: [027-652-74-88](#)

Daytime:

After hours:

Fax number: [03-541-8635](#)

Email address: tasman.rr@xtra.co.nz

Website: www.tasmanrubberroofing.com

Declaration

I [Heinz Black](#) [name of practitioner]

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

Signature: 

Date: Tuesday, 12/02/2014

PRODUCER STATEMENT – PS4 – CONSTRUCTION REVIEW

(Guidance notes on the use of this form are printed on page 2)

ISSUED BY: **Andrew Melvin King-Turner Ltd**
(Construction Review Firm)TO: **R Smith**
(Owner/Developer)TO BE SUPPLIED TO: **Tasman District Council**
(Building Consent Authority)IN RESPECT OF: **New House - Hardfill platform, LVL roof beams, structural steelwork and their foundations only**
(Description of Building Work)AT: **4 Walnut Drive**
(Address)
..... **MOTUEKA** **LOT 62** **DP** **SO** **Andrew Melvin King-Turner Ltd** has been engaged by **R Smith**
(Construction Review Firm)provide ☐ CM1 ☒ CM2 ☐ CM3 ☐ CM4 ☐ CM5 (Engineering Categories) or ☐ observation as per agreement with owner/developer
or ☐ other services
(Extent of Engagement)in respect of clause(s) **B1** of the Building Code for the building work described in
documents relating to Building Consent No. and those relating to
Building Consent Amendment(s) Nos. issued during the
course of the works. We have sighted these Building Consents and the conditions of attached to them.Authorised instructions / variations(s) No. ... **89x3.5SHS installed - approved with roof bracing to canopy**.... (copies to be
supplied by others)or by the attached Schedule ☐ have been issued during the course of the works.On by the basis of ☒ this ☐ these review(s) and information supplied by the contractor during the course of the works and on
behalf of the firm undertaking this Construction Review, I believe on reasonable grounds that ☐ All ☒ Part only of the
building works have been completed in accordance with the relevant requirements of the Building Consent and Building
Consent Amendments identified above, with respect to Clause(s) **B1** of the Building Code.I also believe on reasonable grounds that the persons who have undertaken this construction review have the necessary
competency to do so.I, ... **Steven Geoffrey KING-TURNER** am: ☒ CPEng No. ... **142318**
(Name of Construction Review Professional)☐ Reg Arch No.I am a Member of : ☒ IPENZ ☐ NZIA and hold the following qualifications: ... **CPEng IntPE(NZ)**The Construction Review Firm issuing this statement holds a current policy of Professional Indemnity Insurance no less
than \$200,000*.The Construction Review Firm is a member of ACENZ : ☐SIGNED BY **Steven King-Turner** ON BEHALF OF **Andrew Melvin King-Turner Ltd**Date: **14-7-14** Signature:Note: This statement shall only be relied upon by the Building Consent Authority named above. Liability under this statement accrues to the Design
Firm only. The total maximum amount of damages payable arising from this statement and all other statements provided to the Building Consent
Authority in relation to this building work, whether in contract, tort or otherwise (including negligence), is limited to the sum of \$200,000*.This form is to accompany Forms 6 or 8 of the Building (Form) Regulations 2004 for the issue of a Code Compliance
Certificate.

CONSULTING ENGINEERS

BILL 0274 369 508 STEVEN 027 247 3961

Inspection Schedule

This schedule is to be kept on site and signed by the inspecting Engineer at the time of each inspection. On completion of the project this schedule is to be returned to the Engineer and a Producer Statement of Construction Review can be issued. Please advise the Engineer at least 24 hrs before an inspection is required.

PROJECT: R Smith
ADDRESS: 4 Walnut Drive
Motueka

The following structural elements of this project require inspection by a suitably qualified Engineer or his representative during construction in order to ensure compliance with the New Zealand Standard Code of Practice under which they were designed. Such inspections are considered an integral part of the structural design process, and are carried out to ensure that the structure will perform adequately. Failure to notify the Engineer that an inspection listed below is required may in some circumstances limit the designers liability for subsequent problems. This is particularly applicable to inspections of foundations and reinforcing steel where verification of compliance with the structural design may not be possible after construction is complete.

Inspection Required

Inspected / Comments

Hardfill platform - confirm bearing	19-08-13
Holes for SHS posts - confirm depth	19-08-13
Structural steelwork	21-10-13
Roof beam connections to steelwork	21-10-13
Blockwalls	2-09-13

Steven King-Turner
ME BE(civil) NZCE MIPENZ CPEng IntPE

15-7-13
Date

Applicator Workmanship Warranty

WARRANTY No. 2321 DATE OF INSTALLATION 10-11-13
BUILDING OWNER & ADDRESS R & L Smith
4 WALNUT DRIVE MOTUEKA
APPLICATOR (Name, Address, Phone No.) KEVIN GERRI
RAMPAH HOKITIKA
AREA LAID m² 16^{m2} PRODUCT, TYPE AND USE SUPER FLEX

Subject to the conditions appearing below, the Applicator warrants its workmanship as follows:


- a) All membrane products (the "Materials") are laid and installed in compliance with the manufacturer's instructions; and
- b) For a period [] years, the Workmanship on the Materials by the Applicator shall maintain a waterproof barrier to the area treated.

This Warranty shall be subject to the conditions which follow:

1. This Warranty shall extend only to the workmanship undertaken by the applicator and shall in no way bind the manufacturer of the Materials laid and installed by the Applicator.
2. The Applicator's obligations under this Warranty shall be limited to the Applicator making good at their expense any defect in the workmanship which permits the entry/escape of water. The Applicator shall have no further liability or responsibility for any direct, indirect or consequential injury, loss or damage whatsoever and howsoever arising.
3. This Warranty shall not apply to any alleged defective workmanship that is:
 - a) Due directly or indirectly to any cause such as (without limiting the generality of this exclusion) governmental or environmental interference or any other cause beyond the reasonable control of the Applicator; or
 - b) Caused by the act, omission, default or representation of any party other than the Applicator, its servants or agents and in particular the work of any other tradesman and damage from persons not authorised by the Applicator to have access to or be employed in the repair, maintenance or alteration of the application during the warranty period; or
 - c) Caused by the Materials or any of them being disturbed by any party other than the Applicator after fixing.
4. This Warranty shall be invalid unless the Applicator receives the Customer's written claim within the warranty period and within fourteen (14) days after the date of discovery of any alleged defect.
5. Where it is necessary for the Applicator to repair any defective workmanship, the Customer shall remove and/or replace plant, equipment or any other objects that hinder the access by the Applicator to the Materials. The cost of any site visit requested under a warranty claim which does not reveal any problem relating to the warranted scope of work shall be paid for by the party requesting the inspection at the then current trade consultancy rates.
6. The Customer shall have made payment in full to the Applicator for the nominated works within the terms of the Applicator's contract with the Customer prior to the Customer making claim under this Warranty.
7. In the event that any Materials subject to this Warranty are ordinarily acquired for personal, domestic or household use or consumption, then this Warranty shall be read subject to the guarantees contained in the Consumer Guarantees Act 1993.
8. The Customer acknowledges that the Applicator is not employed by nor is an agent of the manufacturer of the Materials and that the manufacturer will not be liable to any person for the Workmanship, acts or defaults of the Applicator.

Applicator Name (Print) K GERRI Telephone No.: 021 866 743

Address: AS ABOVE

Signature of Applicator 

Date: 12-12-13

Memorandum from licensed building practitioner: Certificate of design work
Section 45 and Section 30C, Building Act 2004

If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING

Street address:	4 Walnut Drive	
Suburb:		
Town/City	Motuka	Postcode:

THE OWNER

Name(s):	R Smith		
Mailing address:			
Suburb:		PO Box/Private Bag:	
Town/City:		Postcode:	
Phone number:		Email address:	

BASIS FOR PROVIDING THIS MEMORANDUM

I am providing this memorandum in my role as the: Please tick the option that applies (✓)	
<input type="checkbox"/>	sole designer of all of the RBW design outlined in this memorandum – I carried out all of the RBW design myself – no other person will be providing any additional memoranda for the project
<input type="checkbox"/>	lead designer who carried out some of the RBW design myself but also supervised other designers – this memorandum covers their RBW design work as well as mine, and no other person will be providing any additional memoranda for the project
<input type="checkbox"/>	lead designer for all but specific elements of rBW – this memorandum only covers the RBW design work that I carried out or supervised and the other designers will provide their own memoranda relating to their specific RBW design
<input checked="" type="checkbox"/>	specialist designer who carried out specific elements of RBW design work as outlined in this memorandum – other designers will be providing a memorandum covering the remaining RBW design work

IDENTIFICATION OF DESIGN WORK THAT IS RESTRICTED BUILDING WORK (RBW)

I, Steven KING-TURNER, carried out / supervised the following design work that is restricted building work

PRIMARY STRUCTURE: B1

Design work that is restricted building work	Description	Carried out/ supervised	Reference to plans and specifications
<i>Tick (✓) if included</i> <i>Cross (X) if excluded</i>	<i>[If appropriate, provide details of the restricted building work]</i>	<i>[Specify whether you carried out this design work or supervised someone else carrying out this design work]</i>	<i>[If appropriate, specify references]</i>

Primary structure

All RBW Design work relating to B1	(x)		() Carried out () Supervised	
Foundations and subfloor framing	(✓)	Fill platform foundations verandah	(✓) Carried out () Supervised	Detail A
Walls	(x)		() Carried out () Supervised	
Roof	(x)		() Carried out () Supervised	
Columns and beams	(✓)	Steelwork, posts & beams	(✓) Carried out () Supervised	Detail B-D
Bracing	(x)		() Carried out () Supervised	
Other	(x)		() Carried out () Supervised	

WAIVERS AND MODIFICATIONS

Waivers or modifications of the building code are required () Yes (✓) No

If Yes, provide details of the waivers or modifications below:

Clause	Waiver/modification required
<i>[List relevant clause numbers of building code]</i>	<i>[Specify nature of waiver or modification of building code]</i>

Note: continue on another page if necessary.

ISSUED BY

Name: Steven KING-TURNER		LBP or Registration number: 142318	
The practitioner is a: () Design LBP () Registered architect (✓) Chartered professional engineer			
Design Entity or Company (optional): W R Andrew Ltd			
Mailing address (if different from below):			
Street address / Registered office: 12a Paru Paru Road			
Suburb:		Town/City: Nelson	
PO Box/Private Bag: PO Box 7036		Postcode: 7042	
Phone number: 546 4565		Mobile: 027 2473961	
After Hours:		Fax: 546 8575	
Email address: steve.kt@xtra.co.nz		Website:	

DECLARATION

I Steven King-Turner [name of practitioner], LBP,

state that I have applied the skill and care reasonably required of a competent design professional in carrying out or supervising the Restricted Building Work (RBW) described in this form, and that based on this, I also state that the RBW:

- Complies with the building code; or
- ~~Complies with the building code subject to any waiver or modification of the building code recorded on this form.~~

Signature: 

Date: 15-7-13

Memorandum from licensed building practitioner: Certificate of design work

Section 45 and section 30C, 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 sheet and attach the additional sheet(s) to this form.

THE BUILDING

Street address: 4 WALNUT DRIVE

Suburb: MOTUEKA.

Town/City: NELSON

Postcode:

THE OWNER(S)

Name(s): REX & LOUIS SMITH.

Mailing address: 4 WALNUT DRIVE

Suburb: MOTUEKA.

PO Box/Private Bag:

Town/City:

Postcode:

Phone number:

Email address:

BASIS FOR PROVIDING THIS MEMORANDUM

I am providing this memorandum in my role as the: Please tick the option that applies ☒

- ☐ **sole** designer of all of the RBW design outlined in this memorandum – I carried out all of the RBW design work myself – no other person will be providing any additional memoranda for the project
- ☒ **lead** designer who carried out some of the RBW design myself but also supervised other designers – this memorandum covers their RBW design work as well as mine, and **no other** person will be providing any additional memoranda for the project
- ☐ **lead** designer for all but specific elements of RBW – this memorandum only covers the RBW design work that I carried out or supervised and the **other** designers will provide their own memorandum relating to their specific RBW design
- ☐ **specialist** designer who carried out specific elements of RBW design work as outlined in this memorandum – other designers will be providing a memorandum covering the remaining RBW design work

IDENTIFICATION OF DESIGN WORK THAT IS RESTRICTED BUILDING WORK (RBW)

I Aaron Gearry carried out / supervised the following design work that is restricted building work

PRIMARY STRUCTURE: B1

Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included. Cross <input type="checkbox"/> if excluded	If appropriate, provide details of the RBW	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
All RBW design work relating to B1 <input checked="" type="checkbox"/>		<input checked="" type="radio"/> Carried out <input type="radio"/> Supervised	
Foundations and subfloor framing <input checked="" type="checkbox"/>		<input type="radio"/> Carried out <input checked="" type="radio"/> Supervised	

Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included. Cross <input type="checkbox"/> if excluded	If appropriate, provide details of the RBW	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	
Columns and beams	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	
Bracing	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	
Other	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	

Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included. Cross <input checked="" type="checkbox"/> if excluded	If appropriate, provide details of the RBW	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
EXTERNAL MOISTURE MANAGEMENT SYSTEMS: E2			
All RBW design work relating to E2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	
Damp proofing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Roof cladding or roof cladding system	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input checked="" 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	

Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included. Cross <input checked="" type="checkbox"/> if excluded	If appropriate, provide details of the RBW	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
FIRE SAFETY SYSTEMS: C1 - C6			
Emergency warning systems Evacuation and fire service operation systems <input type="radio"/> Suppression or control systems Other		<input type="radio"/> Carried out <input type="radio"/> Supervised	
Note: The design of fire safety systems is only restricted building work when it involves small-to-medium apartment buildings as defined by the Building (Definition of Restricted Building Work) Order 2011.			

WAIVERS AND MODIFICATIONS

Waivers or modifications of the Building Code are required. ☐ Yes ☐ No

If Yes, provide details of the waivers or modifications below:

Clause	Waiver/modification required
List relevant clause numbers of building code	Specify nature of waiver or modification of building code required

ISSUED BY

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise design work that is restricted building work.

Name: Aaron Gearry

LBP or Registration number: 111520

The practitioner is a: ☒ Design LBP ☐ Registered architect ☐ Chartered professional engineer

Design Entity or Company (optional):

Mailing address (if different from below):

Street address/Registered office: 387 HIGH STREET.

Suburb: MOTUEKA

Town/City: NELSON

PO Box/Private Bag:

Postcode:

Phone number: (03) 5285060

Mobile: 021 866 741

After hours:

Fax:

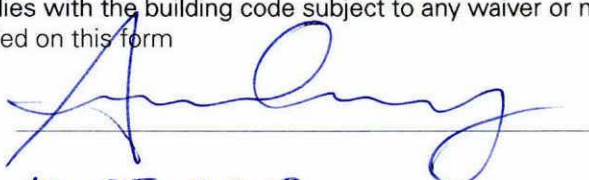
Email address: aaron@totaldesignandbuild.co.nz

Website: totaldesignandbuild.co.nz

DECLARATION

I Aaron Gearry LBP, state that I have applied the skill and care reasonably required of a competent design professional in carrying out or supervising the Restricted Building Work (RBW) described in this form, and that based on this, I also state that the RBW:

- Complies with the building code, or
- Complies with the building code subject to any waiver or modification of the building code recorded on this form

Signature: 

Date: 10-05-2013.