

ROTORUA LAKES COUNCIL

Te Kaunihera o ngā Roto o Rotorua



ADVICE OF LICENSED BUILDING PRACTITIONER/(S) Section 87, Building Act 2004

1 THE BUILDING (project location)

Building name (if applicable) _____

Building street address: 13 Ross Road, Rotorua

2. THE PROJECT

Building consent number: BC24-011274

3. THE OWNER (must be completed and all details must be the owner's)

Owner's name (for individuals, state the preferred form of title, e.g. Mr, Mrs, Ms, Miss, Dr. For companies, trusts and other organisations provide a contact person's name): Leah Taratu and Fran Muraahi

Address: 18 Kawana Street, Piroiro

Date: 28.11.24

Landline: _____

Mobile: 027 532 0890

After Hours: _____

Fax: _____

E-mail: properties-leahfranco@outlook.com

4. LICENSED BUILDING PRACTITIONERS ENGAGED TO CARRY OUT/SUPERVISE RESTRICTED BUILDING WORK

Particular work to be carried out or supervised	Name, address, email, and phone number of Licensed Building Practitioner	Licensed Building Practitioner number (or registration number if treated as being licensed under section 291 of Act)	Licensing class (Tick box) ☒
	Name: <u>Robert Marston</u> Address: <u>PO Box 643, Cambridge</u> Email: <u>info@leisure.com.co.nz</u> Telephone: <u>07 823-5951</u>	<u>111270</u>	Foundations ☐ Carpenter ☒ Bricklayer ☐ Plasterer ☐ Roofer ☐
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations ☐ Carpenter ☐ Bricklayer ☐ Plasterer ☐ Roofer ☐

DATE RECEIVED

Date: 28/11/2024

BC24-011274

Rotorua Lakes Council

4. LICENSED BUILDING PRACTITIONERS ENGAGED TO CARRY OUT/SUPERVISE RESTRICTED BUILDING WORK (cont.)

Particular work to be carried out or supervised	Name, address, email, and phone number of Licensed Building Practitioner	Licensed Building Practitioner number (or registration number if treated as being licensed under section 291 of Act)	Licensing class (Tick box) ☒
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations ☐ Carpenter ☐ Bricklayer ☐ Plasterer ☐ Roofer ☐
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations ☐ Carpenter ☐ Bricklayer ☐ Plasterer ☐ Roofer ☐
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations ☐ Carpenter ☐ Bricklayer ☐ Plasterer ☐ Roofer ☐
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations ☐ Carpenter ☐ Bricklayer ☐ Plasterer ☐ Roofer ☐
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations ☐ Carpenter ☐ Bricklayer ☐ Plasterer ☐ Roofer ☐

SIGNATURE

Signature of owner/agent on behalf of and with the authority of the owner (delete one):

Name of person signing:

Jan Garmonsway

Date:

28.11.24

COUNCIL USE ONLY

LBP(s) checked

Y ☐

All OK

Y ☐

N ☐

Comments:

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