

From: "Jan - Leisurecom" <Jan@leisurecom.co.nz>
Sent: Thu, 28 Nov 2024 16:38:57 +1300
To: "RLC Building Services" <buildingadmin@rotorualc.nz>
Subject: RE: BC24-011274 - 13 Ross Road
Attachments: Rotorua DC LBP form 28.11.24.pdf
Categories: Advice of LBP (Save to attachments and update communications tab)

Hi – see attached LBP form.

Thank you



Leisurecom will be closing at 3.30pm Friday, 20th December and re-opening on Monday, 13th January 2025.
The Team would like to take this opportunity to wish you a Merry Christmas and a safe, happy holiday.

JAN GARMONSWAY

LEISURECOM HOMES | HEAD OF DELIVERY

p: 07 823 5951 w: www.leisurecom.co.nz



From: RLC Building Services <buildingadmin@rotorualc.nz>
Sent: Thursday, 28 November 2024 11:19 AM
To: Info <Info@leisurecom.co.nz>
Subject: BC24-011274 - 13 Ross Road

Kia ora,

Please click on the link to access the approved building consent documents:

<https://onecouncil.rdc.govt.nz/T1Prod/CiAnywhere/Web/PROD/ECMCore/BulkAction/Get/a1bdb0da-2b59-4c89-bfdd-5746d87f9c18>

This link will expire on 8 December 2024, 11:16 AM.

YOUR BUILDING CONSENT CONTAINS RESTRICTED BUILDING WORK.

Licensed building practitioners **must** be nominated before any inspections can be booked. The owner or agent is required to complete the attached Advice of Licensed Building Practitioner form and return to council ASAP, or email the form to buildingadmin@rotorualc.nz **prior to booking** the first inspection.

Ngā mihi,

Kim Rowlands Business Support Administrator, Integrated Planning & Development

P: 07 346 5646

E: kimberly.rowlands@rotorualc.nz | W: rotorualakescouncil.nz

A: 1061 Haupapa St, Private Bag 3029, Rotorua Mail Centre, Rotorua 3046, New Zealand



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: Robert Marston Address: PO Box 643, Cambridge Email: info@leisurecom.co.nz Telephone: 07 823-5951	111270	Foundations ☐ Carpenter ☒ Bricklayer ☐ Plasterer ☐ Roofers ☐
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations ☒ Carpenter ☐ Bricklayer ☐ Plasterer ☐ Roofers ☐

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:

Jon Garmonsway

Date:

28.11.24

COUNCIL USE ONLY

LBP(s) checked

Y ☐

All OK

Y ☐

N ☐

Comments: