

## THE BUILDING

Street address: *7 Whitehaven Street*

Suburb: *Weston*

Town/City: *Oamaru*

Postcode: *9401*

## THE PROJECT

Building consent number: *2400 9002*

## THE OWNER(S)

Name(s): *Harley Robert Allen & Shannon Marie Burgess*

Mailing address: *8 Charles Street*

Suburb: *Weston*

PO Box/Private Bag:

Town/City: *Oamaru*

Postcode: *9401*

Phone number:

Email address:

## RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

### PRIMARY STRUCTURE

| Work that is restricted building work<br>Tick                        | Description of restricted building work<br>If necessary, describe the restricted building work | Carried out or supervised<br>Tick <input checked="" type="checkbox"/> whether you carried out the RBW or supervised someone else. |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Foundations and subfloor framing <input checked="" type="checkbox"/> | <i>As Per Plan</i>                                                                             | <input checked="" type="checkbox"/> Carried out<br><input checked="" type="checkbox"/> Supervised                                 |
| Walls <input type="checkbox"/>                                       |                                                                                                | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised                                                       |
| Roof <input type="checkbox"/>                                        |                                                                                                | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised                                                       |
| Columns and beams <input type="checkbox"/>                           |                                                                                                | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised                                                       |
| Bracing <input type="checkbox"/>                                     |                                                                                                | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised                                                       |
| Other <input type="checkbox"/>                                       |                                                                                                | <input type="checkbox"/> Carried out<br><input type="checkbox"/> Supervised                                                       |

**RECORD OF WORK THAT IS RESTRICTED BUILDING WORK****EXTERNAL MOISTURE MANAGEMENT SYSTEMS**

|                                                                            |  |                                   |
|----------------------------------------------------------------------------|--|-----------------------------------|
| Damp proofing <input type="radio"/>                                        |  | <input type="radio"/> Carried out |
|                                                                            |  | <input type="radio"/> Supervised  |
|                                                                            |  |                                   |
|                                                                            |  |                                   |
| Roof cladding or roof cladding system <input type="radio"/>                |  | <input type="radio"/> Carried out |
|                                                                            |  | <input type="radio"/> Supervised  |
|                                                                            |  |                                   |
|                                                                            |  |                                   |
| Ventilation system (for example, subfloor or cavity) <input type="radio"/> |  | <input type="radio"/> Carried out |
|                                                                            |  | <input type="radio"/> Supervised  |
|                                                                            |  |                                   |
|                                                                            |  |                                   |
| Wall cladding or wall cladding system <input type="radio"/>                |  | <input type="radio"/> Carried out |
|                                                                            |  | <input type="radio"/> Supervised  |
|                                                                            |  |                                   |
|                                                                            |  |                                   |
| Waterproofing <input type="radio"/>                                        |  | <input type="radio"/> Carried out |
|                                                                            |  | <input type="radio"/> Supervised  |
|                                                                            |  |                                   |
|                                                                            |  |                                   |
| Other <input type="radio"/>                                                |  | <input type="radio"/> Carried out |
|                                                                            |  | <input type="radio"/> Supervised  |
|                                                                            |  |                                   |
|                                                                            |  |                                   |

**ISSUED BY**

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

Name: *Hayden Gold*LBP number: *BP148928*Class(es) licensed in: *Brick & Block Laying*

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

Mailing address (if different from below):

Street address/Registered office: *3 Parklane Place*Suburb: *Weston*Town/City: *Damary*

PO Box/Private Bag:

Postcode: *9401*Phone number: *0273732339*

Mobile:

After hours:

Fax:

Email address: *goldbricklayingltd@outlook.com*

Website:

**DECLARATION**I *Hayden Gold* carried out or supervised the restricted building work recorded on this form.Signature: *H Gold*Date: *10-9-2024*