



**LICENSED
BUILDING
PRACTITIONERS**
Building confidence

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 sheet and attach the additional sheet(s) to this form.

THE BUILDING

Street address:

Suburb:

Town/city:

Postcode:

THE PROJECT

Building consent number:

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THE OWNERS

Name(s):

Mailing address:

Suburb:

PO Box/Private Bag:

Town/City:

Postcode:

Phone:

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Email address:



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HĪKINA WHAKATUTUKI

Te Kāwanatanga o Aotearoa
New Zealand Government

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	If necessary, describe the restricted building work	Tick whether you carried out the restricted building work or supervised someone else carrying out the restricted building work
☐ 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:

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick	If necessary, describe the restricted building work	Tick whether you carried out the restricted building work or supervised someone else carrying out the restricted building work
☐ 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		☐ Carried out ☐ Supervised
☐ Other		☐ Carried out ☐ Supervised

ISSUED BY

I am providing my contact details as a licensed building practitioner who is licensed to carry out or supervise work that is restricted building work.

Name:

LBP or Registration number:

Class(es) licensed in:

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

Mailing address (if different from below):

Street address/Registered office:

Suburb:

Town/City:

PO Box/Private Bag:

Postcode:

Phone:

Mobile:

After hours:

Fax:

Email address:

Website:

DECLARATION

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

Applicant's signature



Date

	/		/	
day		month		year