

## Form 6A

### 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: 24 Westmoor Blvd, Lot 128 Westwood, Rolleston

Suburb:

Town/City: Rolleston

Postcode:

#### THE PROJECT

Building consent number: BC230719

#### THE OWNER(S)

Name(s): Kashish Bhutani and Monika Puri

Mailing address:

Suburb:

PO Box/Private Bag:

Town/City:

Postcode:

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 restricted building work or supervised someone else carrying out the restricted building work. |
| Foundations and subfloor framing <input type="checkbox"/> |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Walls <input type="checkbox"/>                            |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Roof <input type="checkbox"/>                             |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Columns and beams <input type="checkbox"/>                |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Bracing <input checked="" type="checkbox"/>               | Gib bracing as per consented plans                   | <input type="radio"/> Carried out<br><input checked="" type="radio"/> Supervised                                                                                    |
| Other <input type="checkbox"/>                            |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |

# EXTERNAL MOISTURE MANAGEMENT SYSTEMS

| 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 restricted building work or supervised someone else carrying out the restricted building work. |
| Damp proofing <input type="checkbox"/>                                        |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Roof cladding or roof cladding system <input type="checkbox"/>                |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Ventilation system (for example, subfloor or cavity) <input type="checkbox"/> |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Wall cladding or wall cladding system <input type="checkbox"/>                |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Waterproofing <input type="checkbox"/>                                        |                                                      | <input type="radio"/> Carried out<br><input type="radio"/> Supervised                                                                                               |
| Other <input type="checkbox"/>                                                |                                                      | <input type="radio"/> Carried out<br><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: **Brendon Snelling**

LBP number: **123 120**

Class(es) licensed in:

**Carpentry**

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

Mailing address (if different from below):

Street address/Registered office: **33 Waterstock Way**

Suburb: **Parklands**

Town/City: **Christchurch**

PO Box/Private Bag

Postcode: **8083**

Phone number:

Mobile: **021 22 44 139**

After hours:

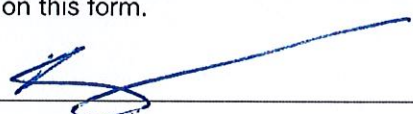
Fax:

Email address: **brendon@homesbyparklane.co.nz**

Website:

**DECLARATION**

I, **Brendon Snelling**, carried out or supervised the restricted building work recorded on this form.

Signature: 

Date:

**26/2/24**