



**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: 24 Westwood Boulevard

Suburb:

Town/city: Rolleston

Postcode:

THE PROJECT

Building consent number:

2	3	0	7	1	9				
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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

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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	Construction of 209.5m2 RibRaft foundation and floor slab only	☐ Carried out ☒ Supervised
☐ Walls	<i>CM</i>	☐ Carried out ☐ Supervised
☐ Roof	<i>CM</i>	☐ Carried out ☐ Supervised
☐ Columns and beams	<i>CM</i>	☐ Carried out ☐ Supervised
☐ Bracing	<i>CM</i>	☐ Carried out ☐ Supervised
☐ Other	<i>CM</i>	☐ 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	<i>cn</i>	☐ Carried out ☐ Supervised
☐ Roof cladding or roof cladding system	<i>cn</i>	☐ Carried out ☐ Supervised
☐ Ventilation system (for example, subfloor or cavity)	<i>cn</i>	☐ Carried out ☐ Supervised
☐ Wall cladding or wall cladding system	<i>cn</i>	☐ Carried out ☐ Supervised
☐ Exterior joinery (windows and doors)	<i>cn</i>	☐ Carried out ☐ Supervised
☐ Waterproofing	<i>cn</i>	☐ Carried out ☐ Supervised
☐ Other	<i>cn</i>	☐ 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: Craig Alexander Dunn

LBP or Registration number: 115592

Class(es) licensed in: Carpentry

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

Mailing address (if different from below):

Street address/Registered office: 7 Avenger Crescent

Suburb: Wigram

Town/City: Christchurch

PO Box/Private Bag: 37 194

Postcode: 8245

Phone: 0 3 3 4 9 9 1 4 9

Mobile: 0 2 7 5 3 5 0 1 1 3

After hours:

Fax:

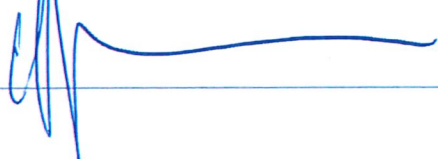
Email address: craig@solidbearing.co.nz

Website: www.solidbearing.co.nz

DECLARATION

I, Craig Alexander Dunn, carried out or supervised the restricted building work recorded on this form.

Applicant's signature



Date

16 / 09 / 23

day

month

year