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: 41 A and B Olliviers rd

Suburb: Phillipstown Town/city: Christchurch Postcode: 8011

THE PROJECT

*Building consent number: BCN/2026/1859 ***or***

*Project information memorandum record number for non-consented small standalone dwelling:

*Select one

THE OWNERS

Name(s): Aaron McGuiness

Mailing address: 41 A Olliviers Rd

Suburb: Phillipstown PO Box/Private Bag:

Town/City: Christchurch Postcode: 8011

Phone: 0220176291 Email address: azzamcg@gmail.com

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	Full jack and pack relevel to pre-quake state and to MBIE guidelines. Full bottom plate replacement. Substantial floor replacement.	☑ 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	DPC on pile tops	☑ 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: Samuel Morgan

LBP or Registration number: BP165007

Class(es) licensed in: Foundations 1&2

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

Mailing address **(if different from below)**:

Street address/Registered office: 411 Marine Parade

Suburb: South New Brighton

Town/City: Christchurch

PO Box/Private Bag:

Postcode: 8062

Phone: 0212624133

Mobile:

After hours:

Fax:

Email address: morgan.levelling@gmail.com

Website:

DECLARATION

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

Applicant's signature 

Date: 31 (DAY) 05 (MONTH) 2026 (YEAR)