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: lot 61 Arbor Green

Suburb: Rolleston Town/city: CnCh Postcode:

THE PROJECT

*Building consent number: 260549 ***or***

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

*Select one

THE OWNERS

Name(s): 1 Shephard Homes

Mailing address:

Suburb: PO Box/Private Bag:

Town/City: Postcode:

Phone: 021461886 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	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	Ribraft foundation as per consented plans	☑ 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	One layer DPM	☑ 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: Zeb Blackler

LBP or Registration number: 136522

Class(es) licensed in: Foundations

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

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

Street address/Registered office: 315 Hoskyns rd

Suburb: Rolleston

Town/City: CHCH

PO Box/Private Bag:

Postcode: 7675

Phone:

Mobile: 0272587045

After hours:

Fax:

Email address: Sales@blackler contracting.co.nz

Website:

DECLARATION

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

Applicant's signature

Date: 2 (DAY) 09 (MONTH) 26 (YEAR)