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: 115 Soluhill Drive	
Suburb: Rolleston	
Town/City: Chirstchurch	Postcode:

THE PROJECT
Building consent number: BC260549

THE OWNER(S)	
Name(s): I Shephard homes	
Mailing address: 20 Izone drive	
Suburb: Rolleston	PO Box/Private Bag:
Town/City: Christchurch	Postcode:
Phone number: 021461886	Email address: admin@ishephardhomes.co.nz

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 ☑	Supply and Installation of Long Run roof	◯ 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

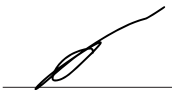
ISSUED BY

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise restricted building work.

Name: Justin Salter	LBP number: BP139829
Class(es) licensed in:	
R2	
Plumbers, Gasfitters and Drainlayers registration number (if applicable):	
Mailing address (if different from below):	
Street address/Registered office: 40 Brockelbank Drive	
Suburb: Kaiapoi	Town/City: Christchurch
PO Box/Private Bag	Postcode: 7631
Phone number:	Mobile: 021881869
After hours:	Fax:
Email address: office@jrstrades.co.nz	Website:

DECLARATION

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

Signature: 

Date: 09/09/26