

# Memorandum: record of building work

Section 88, Building Act 2004



Please use this form if you carried out or supervised restricted building work on a building consent.

## Building details

Street address of building:

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## Project details

Building consent number:

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## Owner's details

Owner's name:

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Postal address:

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Postcode:

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Daytime phone:

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Mobile:

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Email address:

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## Record of work that is restricted building work

Work that is restricted building work	Description <i>If necessary, describe the restricted building work</i>	Carried out or supervised <i>Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work</i>
<b>Primary structure</b>		
Foundations and subfloor framing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Walls	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Roof	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Columns and beams	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Bracing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Other	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

Work that is restricted building work	Description <i>If necessary, describe the restricted building work</i>	Carried out or supervised <i>Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work</i>
<b>External moisture management systems</b>		
Damp proofing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Roof cladding or roof cladding system	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Wall cladding or wall cladding system	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Waterproofing	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
Other	<input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

**Issued by**

Licensed Building Practitioner's (LBP) name: \_\_\_\_\_ LBP No: \_\_\_\_\_

Class(es) licensed in: \_\_\_\_\_

Plumbers, Gasfitters and Drainlayers registration No (if applicable): \_\_\_\_\_

Postal address: \_\_\_\_\_

Street address or registered office: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

After hours: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

**Licensed building practitioner's statement**

I, \_\_\_\_\_ (LBP's name) carried out or supervised the restricted building work recorded on this form.

LBP's signature: \_\_\_\_\_ Date: \_\_\_\_\_