

Memorandum from licensed building practitioner: Record of building work (row)

Section 88, Building Act 2004

The building

Street address of building:

The project

Building consent number:

The owner

Name:

Address:

Telephone number:

Email address:

Record of work that is restricted building work

Work that is restricted building work	Description	Carried out/ supervised
<i>[Tick]</i>	<i>[If necessary, describe the restricted building work]</i>	<i>[Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work]</i>
■ Primary structure		
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

▪ **External moisture management systems**

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

Note: continue on another page if necessary.

Issued by

Name:

LBP number:

Class(es) licensed in:

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

Mailing address:

Street address or registered office:

Phone number(s) Landline:

Mobile:

Daytime:

After hours:

Fax number:

Email address:

Website:

Declaration

I _____ [*name of practitioner*]

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

Signature:

Date: