



**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: *19 Allens lane, Clive*

Suburb: *Clive* Town/city: *Hastings* Postcode: *4102*

THE PROJECT

Building consent number: *20210768*

THE OWNERS

Name(s): *John Ataera*

Mailing address: *19 Allens lane*

Suburb: *Clive* PO Box/Private Bag:

Town/City: *Hastings* Postcode:

Phone: *0277161394* Email address:



MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

Te Kāwanatanga o Aotearoa
New Zealand Government

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
<input type="checkbox"/> Foundations and subfloor framing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input type="checkbox"/> Walls		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Roof	<i>Installed Roof and Flashings</i>	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input type="checkbox"/> Columns and beams		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input type="checkbox"/> Bracing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input type="checkbox"/> Other		<input type="checkbox"/> Carried out <input type="checkbox"/> 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
<input type="checkbox"/> Damp proofing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input type="checkbox"/> Roof cladding or roof cladding system		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input type="checkbox"/> Ventilation system (for example, subfloor or cavity)		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Wall cladding or wall cladding system	Installed cladding and Flashings	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input type="checkbox"/> Waterproofing		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input type="checkbox"/> Other		<input type="checkbox"/> Carried out <input type="checkbox"/> 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: Tuhirangi LBP or Registration number: 135866

Class(es) licensed in: Roofing

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

Mailing address (if different from below):

Street address/Registered office: 843 state Highway 2

Suburb: otane Town/City: Central Hawkesbay

PO Box/Private Bag: Postcode:

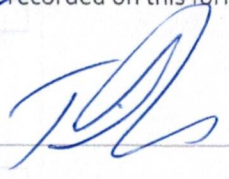
Phone: 0211852076 Mobile:

After hours: Fax:

Email address: Website:

DECLARATION

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

Applicant's signature 

Date 15 / 04 / 23
day month year