



**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,

Suburb: Clive

Town/city: Clive

Postcode: 4102

## THE PROJECT

Building consent number:

A	B	A	2	0	2	1	0	7	6	8
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## THE OWNERS

Name(s): John Ataera

Mailing address: 19 Allens Lane

Suburb: Clive

PO Box/Private Bag:

Town/City: Clive

Postcode: 4102

Phone:

0	2	7	7	1	6	1	3	9	4
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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 checked="" type="checkbox"/> Foundations and subfloor framing		<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Walls		<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Roof	Done by others	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Columns and beams		<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Bracing		<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input type="checkbox"/> Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

<b>EXTERNAL MOISTURE MANAGEMENT SYSTEMS:</b>		
<b>Work that is restricted building work</b>	<b>Description of restricted building work</b>	<b>Carried out or supervised</b>
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 checked="" type="checkbox"/> Damp proofing		<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Roof cladding or roof cladding system	Done by others	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Ventilation system (for example, subfloor or cavity)		<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Wall cladding or wall cladding system	Only 1 gable end wall cladded with shadow clad ply over cavity batten and building paper. Rest of cladding was coloursteel iron done by others.	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised
<input checked="" type="checkbox"/> Exterior joinery (windows and doors)		<input checked="" 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: **Craig McCartney**

LBP or Registration number: **BP123293**

Class(es) licensed in: **S1**

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

Mailing address (if different from below):

Street address/Registered office: **252 Richmond Road**

Suburb: **Clive**

Town/City: **Clive**

PO Box/Private Bag:

Postcode: **4102**

Phone: 

0	6		8	7	0	0	9	9	3
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Mobile: 

0	2	7	4	7	2	6	9	5	8
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After hours: 

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Fax: 

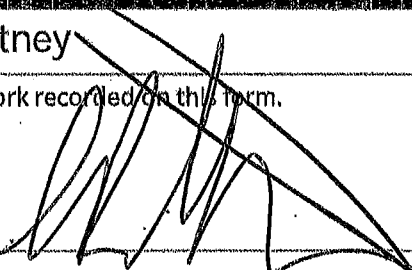
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Email address: **crmccartney@xtra.co.nz**

Website:

## DECLARATION

I, **Craig McCartney**, carried out or supervised the restricted building work recorded on this form.

Applicant's signature: 

Date

1	2	/	0	9	/	2	4
day			month			year	