

# Memorandum from licenced building practitioner

## Record of building work (form 6A) section 88, Building Act 2004

BUILDING			
Site address			
Suburb			
Town/ city		Postcode	

PROJECT	
Building consent number	

OWNER(S) DETAILS			
Name(s)			
Mailing address			
Suburb		PO Box	
Town/ city		Postcode	
Telephone			
Email			

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK (RBW)			
Work that is RBW	Description of RBW	Carried out or supervised	
<input type="checkbox"/> if included <input type="checkbox"/> if excluded	If appropriate, provided details of the RBW	Was this design work supervised or carried out?	
PRIMARY STRUCTURE B1			
<input type="checkbox"/>	All RBW design work relating to B1	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
<input type="checkbox"/>	Foundation 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 type="checkbox"/>	Roof	<input type="checkbox"/> Carried out <input 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	

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK (RBW)			
<input type="checkbox"/>	Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
EXTERNAL MOISTURE MANAGMENT SYSTEMS E2			
<input type="checkbox"/>	All RBW design work relating to E2		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
<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 type="checkbox"/>	Wall cladding or wall cladding system		<input type="checkbox"/> Carried out <input 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			
Name		LBP or registration number	
Class(es) licenced in			
Plumbers, gasfitters and drainlayers registration number (if applicable)			
Mailing address (if different from below)			
Street address/ registered office			
Suburb		Town/ city	
PO Box		Postcode	
Telephone		Mobile	
After hours		Fax	
Email		Website	

DECLARATION			
I _____ carried out or supervised the restricted building work recorded on this form.			
Name			
Signature		Date	