



Form 6A

Memorandum from licensed building practitioner: Record of building work

Section 88, Building Act 2004

THE BUILDING	
Street address of building:	_____

THE PROJECT	
Building consent number:	_____

THE OWNER	
Name:	_____
Address:	_____

Phone :	_____ or Mobile: _____
Email:	_____ Fax: _____

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK		
Work that is restricted building work	Description	Carried out/ supervised
[Tick]	[If necessary, describe the restricted building work]	[Specify whether you carried out this design work or supervised someone else carrying out this design work]
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

Primary structure cont'd		
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 No:	Landline: _____	Mobile: _____
	Daytime: _____	After hours: _____
	Fax: _____	
Email address: _____		Website: _____

DECLARATION
I _____ <i>[name of practitioner]</i> carried out or supervised the restricted building work recorded on this form.
Signature: _____
Date: _____