

Form 2A:

Memorandum from licensed building practitioner (certificate of design work)

SECTION 30C, 45, OR 45AA, BUILDING ACT 2004

The building

Street address of building:

The owner

Full name:

Mailing address:

Telephone number:

Email address:

Identification of design work that is restricted building work

I carried out/supervised the following design work that is restricted building work:

| Design work that is restricted building work | Building work (If appropriate, provide details of the restricted building work) | Carried out/supervised (Specify whether you carried out this design work or supervised someone else carrying out this design work) | Reference to plans and specifications (If appropriate, specify references) |
|--|--|---|---|
| ✓ | | | |

Primary structure

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Foundations and subfloor framing | | | |
| <input type="checkbox"/> Walls | | | |
| <input type="checkbox"/> Roof | | | |
| <input type="checkbox"/> Columns and beams | | | |
| <input type="checkbox"/> Bracing | | | |
| <input type="checkbox"/> Other | | | |

External moisture management systems

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Damp proofing | | | |
| <input type="checkbox"/> Roof cladding or roof cladding system | | | |
| <input type="checkbox"/> Ventilation system (for example, subfloor or cavity) | | | |
| <input type="checkbox"/> Wall cladding or wall cladding system | | | |
| <input type="checkbox"/> Waterproofing | | | |
| <input type="checkbox"/> Other | | | |

Fire safety systems

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Emergency warning systems, evacuation and fire service operation systems, suppression or control systems, or other | | | |
|---|--|--|--|

Note:

1. The design of fire safety systems is only restricted building work when it involves small-to-medium apartment buildings as defined by the Building (Definition of Restricted Building Work) Order 2011.
2. Continue on another page if necessary.

Are waivers or modifications of the building code required? Yes No

If yes, provide details of the waivers or modifications below:

| Clause <i>(List relevant numbers of building code)</i> | Waiver/modification required <i>(Specify nature of waiver or modification of building code)</i> |
|--|---|
| | |

Note: Continue on another page if necessary.

Issued by

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(Name of licensed building practitioner who is licensed to carry out or supervise design work that is restricted building work)

Licensed building practitioner number:

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(if applicable)

Registered architect number:

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(if applicable)

Chartered professional engineer number:

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(if applicable)

Mailing address:

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Street address/registered office:

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Telephone number:

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| | Mobile number: | |
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Facsimile:

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Email address:

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Website:

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(if applicable)

Declaration

I,

(name of licensed building practitioner), certify that the design work that is restricted building work recorded on this form:

(a) complies with the building code; or

(b) if applicable, complies with the building code subject to any waiver or modification of the building code recorded on this form.

Signature:

| |
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Date:

| | | |
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| | | |
|--|--|--|

DAY

MONTH

YEAR