

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:

or

*Project information memorandum record number for non-consented small standalone dwelling:

*Select one

The owner

Name of owner:

(include preferred form of address, eg, Mr, Miss, Dr, if an individual)

Mailing address:

Street address/registered office:

Telephone number:

Mobile number:

Email address:

Record of work that is restricted building work

Work that is restricted building work ✓	Description of restricted building work <i>(If necessary, describe the restricted building work)</i>	State whether carried out or supervised <i>(Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work)</i>
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Primary structure

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	<input type="checkbox"/>		
External moisture management systems			
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	<input type="checkbox"/>		

Note: Continue on another page if necessary.

Issued by

<input type="text"/>

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

Licensed building practitioner number:

<input type="text"/>

(if applicable)

Class(es) licensed in:

<input type="text"/>

Plumbers, Gasfitters and Drainlayers Board registration number:

<input type="text"/>

(if applicable)

Mailing address:

<input type="text"/>

Street address/registered office:

<input type="text"/>

Telephone number:

<input type="text"/>	Mobile number: <input type="text"/>
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Facsimile:

<input type="text"/>

Email address:

<input type="text"/>

Website:

<input type="text"/>

(if applicable)

Declaration

I, <input type="text"/>

(name of licensed building practitioner), carried out or supervised the restricted building work recorded on this form:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

Signature:

<input type="text"/>
