

Form 6A

## Memorandum from licensed building practitioner: Record of building work Section 88, Building Act 2004

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**Email** [building@goredc.govt.nz](mailto:building@goredc.govt.nz)  
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**The building:**

\_\_\_\_\_  
(Street address of building)

**The project:**

\_\_\_\_\_  
(Building consent number)

**Owner details:**

**Address:**

**Phone:**

**Email:**

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 the restricted building work or supervised someone else carrying out the restricted building work]
<b>Primary structure</b>		
<input type="checkbox"/> Foundations 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
<input type="checkbox"/> Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised

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 the restricted building work or supervised someone else carrying out the restricted building work]
Primary structure		
<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

**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 number: Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Daytime: \_\_\_\_\_ After hours: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

**Declaration**

I \_\_\_\_\_ carried out or supervised the restricted building work recorded on this form.  
 (name of practitioner)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_