

MEMORANDUM FROM LICENSED BUILDING PRACTITIONER: CERTIFICATE OF DESIGN WORK (Form 2A)

Section 30C or 45, Building Act 2004.

1. Where is the building? *Complete all fields*

Street address of building:	
Building consent number:	

2. Who owns the building? *Complete all fields, using N/A where not applicable*

Owner name:		Title: e.g. Mr, Mrs, Ms, Dr	
Owner email address:			
Owner contact numbers:	Ph:	Cell:	
Owner mailing address:			

3. What work have you carried out / supervised? *Complete as appropriate*

I carried out/supervised the following design work that is restricted building work:							
	Design Work that is restricted building work <i>Tick as applicable or enter N/A</i>				Description of restricted building work	Carried out / supervised	Reference to plans / specifications
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Primary structure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Foundations / subfloor framing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Walls	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Roof	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Columns / beams	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Bracing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
External moisture management systems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Damp proofing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Roof cladding or roof cladding system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Wall cladding or wall cladding system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Waterproofing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Fire safety systems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			

Emergency warning systems, evacuation and fire service operation systems, suppression, control systems, or other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
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Note: 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.

Are waivers or modifications of the building code required?		Yes		No
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If Yes, please provide details including relevant code clauses

Clause:	Waiver/modification required:

4. What are your details? *Complete all fields or enter N/A where not applicable*

Licensed Building Practitioner name:		Licensed Building Practitioner number:	
Registered Architect number:		Chartered Professional Engineer number:	
Mailing address:			
Street address or registered office:			
Contact numbers:	Ph:	Cell:	
Email address:			

5. 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) complies with the building code subject to any waiver or modification of the building code recorded on this form.

Signature:	
Date:	

You can add a digital signature to this document, either using Adobe or your existing digital signature.

Once you have filled out the form, including signatures, please save the application to your computer. You can then submit the application with supporting documentation to your local council.

If you are unsure about what information to include in your application, a guidance document is available ([click here](#)).