

# MEMORANDUM FROM LICENSED BUILDING PRACTITIONER: RECORD OF BUILDING WORK (Form 6A)

Section 88. 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 all fields for each line, using N/A if a line is not applicable*

I carried out/supervised the following design work that is restricted building work:						
	Work that is restricted building work				Description of restricted building work	Carried out / supervised
	<i>Tick all that apply</i>					
Primary structure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Foundations / subfloor framing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Walls	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Roof	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Columns / beams	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Bracing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
External moisture management systems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Damp proofing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Roof cladding or roof cladding system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		

Wall cladding or wall cladding system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Waterproofing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		
Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A		

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

Licensed Building Practitioner name:		Licensed Building Practitioner number:	
Classes licensed in:		Plumbers, Gasfitters and Drainlayers Board registration number (if applicable):	
Mailing address:			
Street address or registered office:	-----		
Contact number:			
Email address:			

#### 5. Declaration

I, \_\_\_\_\_ *[name of Licensed Building Practitioner]*, carried out or supervised the restricted building work 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](#)).