

Memorandum from licensed building practitioner:

Certificate of Design Work

Section 30C or Section 45, Building Act 2004

Please fill in the form as fully and correctly as possible.

If there is insufficient room on the form for requested details, please continue on another sheet and attach the additional sheet(s) to this form.

THE BUILDING
Street address of building:

THE OWNER(S)
Name:
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:

PRIMARY STRUCTURE

Design work that is restricted building work	Description of restricted building work	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/>	<i>If appropriate, provide details of the restricted building work</i>	<i>Specify whether you carried out this design work or supervised someone else carrying out this design work</i>	<i>If appropriate, specify references</i>
Foundations and subfloor framing <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Walls <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Roof <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Columns and beams <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Bracing <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Other <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	

EXTERNAL MOISTURE MANAGEMENT SYSTEMS

Design work that is restricted building work	Description of restricted building work	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/>	<i>If appropriate, provide details of the restricted building work</i>	<i>Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work</i>	<i>If appropriate, specify references</i>
Damp proofing <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Roof cladding or roof cladding system <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Ventilation system (for example, subfloor or cavity) <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Wall cladding or wall cladding system <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Waterproofing <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Other <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	

FIRE SAFETY SYSTEMS

Design work that is restricted building work	Description of restricted building work	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/>	<i>If appropriate, provide details of the restricted building work</i>	Tick <input checked="" type="checkbox"/> <i>whether you carried out this design work or supervised someone else carrying out this design work</i>	<i>If appropriate, specify references</i>
Emergency warning systems <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Evacuation and fire-service operation systems <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Suppression or control systems <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Other <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	

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

Note: continue on another page if necessary.

WAIVERS AND MODIFICATIONS

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

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

Clause	Waiver / Modification required
List relevant numbers of building code	Specify nature of waiver or modification of building code

Note: continue on another page if necessary.

ISSUED BY

Name and contact details of the licensed building practitioner who is licensed to carry out or supervise design work that is restricted building work

Name:

LBP or Registration number:

The practitioner is: Design LBP Registered architect Chartered professional engineer

Mailing address (if different from below):

Street address / Registered office:

Suburb:

Town/City:

PO Box/Private Bag:

Postcode:

Phone number: Landline:

Mobile:

Daytime:

After hours:

Fax number:

Email address:

Website:

DECLARATION

I, _____, [*name of 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: _____