

Memorandum from licensed building practitioner: Certificate of design work

Section 45 and section 30c, 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:	
Suburb:	
Town/City:	Postcode:

THE OWNER(S)	
Name(s):	
Mailing address:	
Suburb:	PO Box/Private Bag:
Town/City:	Postcode:
Phone 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"/>	If appropriate, provide details of the restricted building work	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
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"/>	If appropriate, provide details of the restricted building work	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
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"/> if appropriate	If appropriate, provide details of the restricted building work	Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work	If appropriate, specify references
Emergency warning systems <input type="checkbox"/> Evacuation and fire-service operation systems Suppression or control systems Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
<p>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.</p>			

WAIVERS AND MODIFICATIONS

Waivers or modifications of the Building Code are required. Yes No

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

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

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 a: 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:

Mobile:

After hours:

Fax:

Email address:

Website:

DECLARATION

I _____ certify that the design work that is restricted building work identified on this form:

- Complies with the building code, or
- Complies with the building code subject to any waiver or modification of the building code recorded on this form

Signature: _____

Date: _____