



**LICENSED
BUILDING
PRACTITIONERS**
Building confidence

MEMORANDUM FROM LICENSED BUILDING PRACTITIONER: RECORD OF BUILDING WORK

Section 88, 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: 3/75 Andover Street

Suburb: Merivale

Town/city: Christchurch

Postcode: 8052

THE PROJECT

Building consent number: 2 0 2 5 2 6 5 3

THE OWNERS

Name(s): Wrightway property LTD,

Mailing address: 1/187 Waltham Road

Suburb: Waltham

PO Box/Private Bag:

Town/City: Christchurch

Postcode: 8082

Phone: 0 2 7 5 3 7 8 6 3 6

Email address: Contact@wrightwaynz.co.nz



MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

Te Kāwanatanga o Aotearoa
New Zealand Government

RECORD OF WORK THAT IS RESTRICTED BUILDING WORK

PRIMARY STRUCTURE:

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick	If necessary, describe the restricted building work	Tick whether you carried out the restricted building work or supervised someone else carrying out the restricted building work
<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 checked="" type="checkbox"/> Other	Tiled Shower	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised

EXTERNAL MOISTURE MANAGEMENT SYSTEMS:

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick	If necessary, describe the restricted building work	Tick whether you carried out the restricted building work or supervised someone else carrying out the restricted building work
<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

ISSUED BY

I am providing my contact details as a licensed building practitioner who is licensed to carry out or supervise work that is restricted building work.

Name: **Michael Bradshaw**

LBP or Registration number: **BP159594**

Class(es) licensed in: **Carpentry**

Plumbers, Gasfitters and Drainlayers registration number (if applicable):

Mailing address (if different from below):

Street address/Registered office: **1/187 Waltham Road**

Suburb: **Sydenham**

Town/City: **Christchurch**

PO Box/Private Bag:

Postcode: **8023**

Phone:

Mobile:

After hours:

Fax:

Email address: **contact@wrightwaynz.co.nz** Website:

DECLARATION

I **Michael Bradshaw** carried out or supervised the restricted building work recorded on this form.

Applicant's signature



Date

08 / 08 / 25

day

month

year