

# GRIFFIOEN.

## STATEMENT RE PROVISION OF INFORMATION

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We cannot guarantee its accuracy as we have not checked, audited, or reviewed the information and all intending purchasers are advised to seek their own advice as to the information contained in this document.

To the maximum extent permitted by law we do not accept any responsibility to any party for the accuracy or use of the information herein.

# 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: <b>9 Gore Street</b>	
Suburb: <b>Halswell</b>	
Town/City: <b>Christchurch</b>	Postcode:

THE PROJECT
Building consent number:

THE OWNER(S)	
Name(s):	
Mailing address:	
Suburb:	PO Box/Private Bag:
Town/City:	Postcode:
Phone number:	Email address:

## 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 <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Foundations and subfloor framing <input checked="" type="checkbox"/>	* one crack repair in foundation. * foundation packed to height. * piles tied down correctly.	<input checked="" 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**

Work that is restricted building work	Description of restricted building work	Carried out or supervised
Tick <input checked="" type="checkbox"/>	If necessary, describe the restricted building work.	Tick <input checked="" type="checkbox"/> whether you carried out the restricted building work or supervised someone else carrying out the restricted building work.
Damp proofing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Roof cladding or roof cladding system <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Ventilation system (for example, subfloor or cavity) <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Wall cladding or wall cladding system <input checked="" type="checkbox"/>	* made good to wall claddings. - put paper on - battens where required. - new hardies to wall.	<input checked="" type="radio"/> Carried out <input type="radio"/> Supervised
Waterproofing <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised
Other <input type="checkbox"/>		<input type="radio"/> Carried out <input type="radio"/> Supervised

## ISSUED BY

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

Name: Brett Salletthwaite

LBP number: 125916

Class(es) licensed in: Carpentry

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

Mailing address (if different from below):

Street address/Registered office:

Suburb: Hean Hean

Town/City:

PO Box/Private Bag

Postcode:

Phone number: 0273221984

Mobile: 0273221984

After hours:

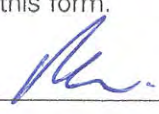
Fax:

Email address: saltscontractingltd@gmail.com

Website:

## DECLARATION

I Brett Salletthwaite carried out or supervised the restricted building work recorded on this form.

Signature: 

Date: 6/03/17



### Compliance (COC) and Electrical Safety Certificate (ESC)

#### (1) Location of installation

Address: 9 Gore Street, Halswell, Christchurch

#### (2) Customer Information

Name: Sally  
 Postal Address: 9 Gore Street, Halswell, Christchurch  
 Phone and Email: [sallyc@diginet.co.nz](mailto:sallyc@diginet.co.nz)

#### (3) Electrical Worker Information

Name: Keith Marriott  
 Organisation: Heyday Electric Limited  
 Email: keith@heydayelectric.co.nz  
 Name of person(s) being supervised:

Registration Licence Number: E249840  
 Telephone Number: 021 373 246

#### (4) Work Details

The work is:  additions |  alterations |  new work

The prescribed electrical work is:  High Risk |  General |  Low Risk |  The homeowner has undertaken part of the electrical installation work.

#### Tick (✓) if work includes:

Number of lighting outlets:	36
Number of socket outlets:	35
Number of ranges:	1
Number of water heaters:	1
Inslab heating	0
Undertile heating	0

- Mains
- MEN switchboard closest to point of supply
- Main Earthing System
- Electric Lines

**Work Description:** Installation of wiring and electrical accessories at 9 Gore Street. New switchboard controlled via the existing main switch.

#### (5) Certification of Work

I certify that the completed prescribed electrical work to which this certificate applies, has been done lawfully and safely and the information in the certificate is correct in that the installation, or part of the installation:

- ✓ has an earthing system that is correctly rated
- ✓ contains fittings which are safe to connect to a power supply
- ✓ relies on supplier's Declaration of Conformity
- ✓ relies on a manufacturer's instructions
- ✓ has been satisfactorily tested in accordance with Electricity safety regulations 2010
- ✓ is safe to connect

Test Results		
	Electrical Worker	Inspector
Polarity:	✓	
Insulation Resistance:	>999MΩ	
Earth Continuity:	0.02Ω	
Bonding:	✓	
Other (specify)		

**Electronic reference:** [www.generalcable.co.nz](http://www.generalcable.co.nz), [www.pdl.co.nz](http://www.pdl.co.nz), [www.marley.co.nz](http://www.marley.co.nz), [www.schneider-electric.co.nz](http://www.schneider-electric.co.nz)  
[www.hpm.co.nz](http://www.hpm.co.nz), [www.vynco.co.nz](http://www.vynco.co.nz), [www.newzealand.rs-online.com](http://www.newzealand.rs-online.com), [www.clipsal.co.nz](http://www.clipsal.co.nz)  
[www.voltex.co.nz](http://www.voltex.co.nz)

Electrical Worker's signature: *Keith Marriott*

Date: 20/11/2015

#### (6) Electrical Safety Certificate

I certify that the installation, to which the Electrical Safety Certificate applies is connected to a power supply and is safe to use

Name: Keith Marriott  
 Signature: *Keith Marriott*

Registration Licence Number: E249840  
 Date: 26.04.16

# Contractor Producer Statement for Construction

Contract: - Plaster with Wattyl full mesh system  
Location: - 9 Gore St  
Issued by  
Person: Marcus Hancock  
(Duly authorised representative)  
Company: Hancock Plastering  
(Contractor)  
Issued to Sally Clark  
Principal: **Fletcher EQR as duly authorised agent of the Earthquake Commission of New Zealand.**

The Contractor has contracted to the Principal to carry out and complete certain building works in accordance with the above named Contract.

I, a duly authorised representative of the Contractor, believe on reasonable grounds, that the Contractor has completed the Contract Works as particularly described below.

This Producer Statement will be relied upon to confirm that the Contract Works, which is the subject of this Contract, has been performed in compliance with the NZ Building Code and where the Works is the subject of a Building Consent, in compliance with the Consent and duly authorised associated amendments.

## Particular of Works:

- plaster 9 Gore St with wattyl  
granosite plaster system - apply  
grano mortar coarse and bed in  
pvc mesh, level coat and finish  
with texture flat coat only

Signed by: M Hancock Date: 14/2/2017  
Qualification: NZQA No 0116103353  
Address: 17 Wildberry St, Woolston