

# Form 6A:

## Memorandum from licensed building practitioner (record of building work)

SECTION 88, BUILDING ACT 2004

### The building

Street address of building:

### The project

\*Building consent number:

or

\*Project information memorandum record number for non-consented small standalone dwelling:

\*Select one

### The owner

Name of owner:

*(include preferred form of address, eg, Mr, Miss, Dr, if an individual)*

Mailing address:

Street address/registered office:

Telephone number:

Mobile number:

Email address:

### Record of work that is restricted building work

Work that is restricted building work ✓	Description of restricted building work <i>(If necessary, describe the restricted building work)</i>	State whether carried out or supervised <i>(Specify whether you carried out the restricted building work or supervised someone else carrying out the restricted building work)</i>
<b>Primary structure</b>		
Foundations and subfloor framing <input type="checkbox"/>		
Walls <input type="checkbox"/>		
Roof <input type="checkbox"/>		
Columns and beams <input type="checkbox"/>		
Bracing <input type="checkbox"/>		

Other	<input type="checkbox"/>		
<b>External moisture management systems</b>			
Damp proofing	<input type="checkbox"/>		
Roof cladding or roof cladding system	<input type="checkbox"/>		
Ventilation system (for example, subfloor or cavity)	<input type="checkbox"/>		
Wall cladding or wall cladding system	<input type="checkbox"/>		
Waterproofing	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

**Note:** Continue on another page if necessary.

**Issued by**

*(Name of licensed building practitioner who is licensed to carry out or supervise restricted building work)*

Licensed building practitioner number:

*(if applicable)*

Class(es) licensed in:

Plumbers, Gasfitters and Drainlayers Board registration number:

*(if applicable)*

Mailing address:

Street address/registered office:

Telephone number:

Mobile number:

Facsimile:

Email address:

Website:

*(if applicable)*

**Declaration**

I,

*(name of licensed building practitioner), carried out or supervised the restricted building work recorded on this form:*

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DAY MONTH YEAR

Signature:

