Form 2A

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: 35 Bensemann Rd	
Suburb: Upper Moutere	
Town/City Nelson	Postcode:

THE OWNER

Name(s): S Gibson	
Mailing address:	
Suburb:	PO Box 92
Town/City: Brightwater	Postcode:
Phone number: 0274809148	Email address:

BASIS FOR PROVIDING THIS MEMORANDUM

I am providing this memorandum in my role as the: Please tick the option that applies (√)	
(v)	**sole** designer of all of the RBW design outlined in this memorandum – I carried out all of the RBW design myself – no other person will be providing any additional memoranda for the project
( )	**lead** designer who carried out some of the RBW design myself but also supervised other designers – this memorandum covers their RBW design work as well as mine, and no other person will be providing any additional memoranda for the project
( )	**lead** designer for all but specific elements of RBW – this memorandum only covers the RBW design work that I carried out or supervised and the other designers will provide their own memoranda relating to their specific RBW design
( )	**specialist** designer who carried out specific elements of RBW design work as outlined in this memorandum – other designers will be providing a memorandum covering the remaining RBW design work

IDENTIFICATION OF DESIGN WORK THAT IS RESTRICTED BUILDING WORK (RBW)

I _Kerry Thomson_____ carried out the following design work that is restricted building work

PRIMARY STRUCTURE: B1

Design work that is restricted building work	**Description**	**Carried out/ supervised**	**Reference to plans and specifications**
Tick(√)if included *Cross (X) if excluded*	*[If appropriate, provide details of the restricted building work]*	*[Specify whether you carried out this design work or supervised someone else carrying*	*[if appropriate, specify references]*

		out this design work)		

Primary structure

All RBW Design work relating to B1	( )		( ) Carried out ( ) Supervised	
Foundations and subfloor framing	(v)		(v) Carried out ( ) Supervised	
Walls	(v)		(v) Carried out ( ) Supervised	
Roof	(v)	*Truss design by ITM Rafters by CHH*	(v) Carried out ( ) Supervised	
Columns and beams	(v)		(v) Carried out ( ) Supervised	
Bracing	(v)		(v) Carried out ( ) Supervised	
Other	( )		( ) Carried out ( ) Supervised	

EXTERNAL MOISTURE MANAGEMENT SYSTEMS: E2

All RBW design work relating to E2	(v)		(v) Carried out ( ) Supervised	
Damp proofing	(v)		(v) Carried out ( ) Supervised	
Roof cladding or roof cladding system	(v)		(v) Carried out ( ) Supervised	
Ventilation system (for example, subfloor or cavity)	(v)		(v) Carried out ( ) Supervised	
Wall cladding or wall cladding system	(v)		(v) Carried out ( ) Supervised	
Waterproofing	(v)	*Polythene under slab*	(v) Carried out ( ) Supervised	
Other	( )		( ) Carried out ( ) Supervised	

FIRE SAFETY SYSTEMS: C1 – C6

Emergency warning systems, evacuation and fire service operation systems, suppression or control systems, or	( )	*Smoke alarms only for single level residential*	( ) Carried out ( ) Supervised	

other			

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

Waivers or modifications of the building code are required ( ) Yes (v) 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]*

Note: continue on another page if necessary.

ISSUED BY

Name: Kerry Thomson	LBP or Registration number: 113911
The practitioner is a: (v) Design LBP ( ) Registered architect ( ) Chartered professional engineer	
Design Entity or Company (optional):	
Mailing address (if different from below):	
Street address / Registered office: 7 Cresswell Place	
Suburb: Richmond	Town/City: Nelson
PO Box/Private Bag:	Postcode: 7020
Phone number: 03 5445343	Mobile:
After Hours:	Fax:
Email address: kbthomson@kinect.co.nz	Website:

DECLARATION

I Kerry B Thomson [*name of practitioner*], LBP,

state that I have applied the skill and care reasonably required of a competent design professional in carrying out or supervising the Restricted Building Work (RBW) described in this form, and that based on this, I also state that the RBW:

- Complies with the building code;
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Signature: K B Thomson

Date: 22-1-13