



**LICENSED  
BUILDING  
PRACTITIONERS**  
Building confidence

# 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:

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Suburb:

Town/city:

Postcode:

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### THE OWNERS

Name(s):

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Mailing address:

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Suburb:

PO Box/Private Bag:

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Town/City:

Postcode:

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Phone:

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Email address:

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**MINISTRY OF BUSINESS,  
INNOVATION & EMPLOYMENT**  
HĪKINA WHAKATUTUKI

**Te Kāwanatanga o Aotearoa**  
New Zealand Government

## BASIS FOR PROVIDING THIS MEMORANDUM

I am providing this memorandum in my role as the: Please tick the option that applies

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- sole** designer of all of the RBW design outlined in this memorandum – I carried out all of the RBW design work 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 memorandum 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
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## IDENTIFICATION OF DESIGN WORK THAT IS RESTRICTED BUILDING WORK (RBW)

I \_\_\_\_\_ carried out / supervised the following design work that is restricted building work

### PRIMARY STRUCTURE: B1

Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick if included	If appropriate, provide details of the RBW	Tick whether you carried out the Design work or supervised someone else carrying out the Design work	If appropriate, specify references
<input type="checkbox"/> All RBW design work relating to B1, or select relevant boxes below		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
<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 type="checkbox"/> Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	

## EXTERNAL MOISTURE MANAGEMENT SYSTEMS: E2

Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick if included	If appropriate, provide details of the RBW	Tick whether you carried out the Design work or supervised someone else carrying out the Design work	If appropriate, specify references
<input type="checkbox"/> All RBW design work relating to E2		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
<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	

## FIRE SAFETY SYSTEMS: C1 – C6

Design work that is RBW	Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick if included.	If appropriate, provide details of the RBW	Tick whether you carried out the Design work or supervised someone else carrying out the Design work	If appropriate, specify references
<input type="checkbox"/> Emergency warning systems <input type="checkbox"/> Evacuation and fire service operation systems <input type="checkbox"/> Suppression or control systems <input type="checkbox"/> Other		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	

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.

## 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

I am providing my contact details as a 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

Design Entity or Company (optional):

Mailing address (if different from below):

Street address/Registered office:

Suburb:

Town/City:

PO Box/Private Bag:

Postcode:

Phone:

Mobile:

After hours:

Fax:

Email address:

Website:

## DECLARATION

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

Applicant's signature \_\_\_\_\_

Date

day

month

year