

## Form 2A

# Memorandum from licensed building practitioner: Certificate of design work

Section 45 & Section 30C, Building Act 2004

### THE BUILDING

Street address of building: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

Post Code: \_\_\_\_\_

### THE OWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ PO Box/Private Bag: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone : \_\_\_\_\_ Email: \_\_\_\_\_

### BASIS FOR PROVIDING THIS MEMORANDUM

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

- 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 RBW design work.

**IDENTIFICATION OF DESIGN WORK THAT IS RESTRICTED BUILDING WORK**

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

Design work that is restricted building work	Description	Carried out/ supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included Cross <input checked="" type="checkbox"/> if excluded	[If appropriate, provide details of the restricted building work]	[Tick <input checked="" type="checkbox"/> whether you carried out this design work or supervised someone else carrying out this design work]	[If appropriate, specify references]
<b>Primary Structure: B1</b>			
All RBW design work relating to B1 <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Foundations and subfloor framing <input type="checkbox"/>		<input 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	
<b>External Moisture Management Systems: E2</b>			
All RBW design work relating to E2 <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Damp proofing <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Roof cladding or roof cladding system <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Ventilation system for example, subfloor or cavity) <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Wall cladding or wall cladding system <input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Waterproofing <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	

**Fire Safety Systems**

Emergency warning systems, evacuation and fire service operation systems, suppression or control systems, or other <input type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised
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**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 or modifications of the building code are required?  Yes  No

If Yes, provide details of the waivers or modifications below:

Clause <i>[List relevant clause numbers of building code]</i>	Waiver/modification required <i>[Specify nature of waiver or modification of building code]</i>

**Note:** continue on another page if necessary

**ISSUED BY**

Name and contact details of the 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 or registered office: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

PO Box/Private Bag: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No: Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Daytime: \_\_\_\_\_ 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:

(a) Complies with the building code; or

(b) Complies with the building code subject to any waiver or modification of the building code recorded on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_