

## ADVICE OF LICENSED BUILDING PRACTITIONER/(S) Section 87, Building Act 2004

### 1 THE BUILDING *(project location)*

Building name *(if applicable)* \_\_\_\_\_

Building street address: \_\_\_\_\_

### 2. THE PROJECT

Building consent number: \_\_\_\_\_

### 3. THE OWNER *(must be completed and all details must be the owner's)*

Owner's name *(for individuals, state the preferred form of title, e.g. Mr, Mrs, Ms, Miss, Dr. For companies, trusts and other organisations provide a contact person's name)*: \_\_\_\_\_

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

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

Mobile: \_\_\_\_\_ After Hours: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 4. LICENSED BUILDING PRACTITIONERS ENGAGED TO CARRY OUT/SUPERVISE RESTRICTED BUILDING WORK

Particular work to be carried out or supervised	Name, address, email, and phone number of Licensed Building Practitioner	Licensed Building Practitioner number <i>(or registration number if treated as being licensed under section 291 of Act)</i>	Licensing class <i>(Tick box) ✓ □</i>
	<b>Name:</b> _____ <b>Address:</b> _____ <b>Email:</b> _____ <b>Telephone:</b> _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>
	<b>Name:</b> _____ <b>Address:</b> _____ <b>Email:</b> _____ <b>Telephone:</b> _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>

**4. LICENSED BUILDING PRACTITIONERS ENGAGED TO CARRY OUT/SUPERVISE RESTRICTED BUILDING WORK (cont.)**

Particular work to be carried out or supervised	Name, address, email, and phone number of Licensed Building Practitioner	Licensed Building Practitioner number (or registration number if treated as being licensed under section 291 of Act)	Licensing class <i>(Tick box)</i> ✓ <input type="checkbox"/>
	<b>Name:</b> _____ Address: _____ Email: _____ Telephone: _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>
	<b>Name:</b> _____ Address: _____ Email: _____ Telephone: _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>
	<b>Name:</b> _____ Address: _____ Email: _____ Telephone: _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>
	<b>Name:</b> _____ Address: _____ Email: _____ Telephone: _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>
	<b>Name:</b> _____ Address: _____ Email: _____ Telephone: _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>

**SIGNATURE**

Signature of owner/agent on behalf of and with the authority of the owner *[delete one]*:

Name of person signing: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNCIL USE ONLY**

LBP(s) checked	Y <input type="checkbox"/>	All OK	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments:				