



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 (or registration number if treated as being licensed under section 291 of Act)	Licensing class (Tick box) <input checked="" type="checkbox"/> <input type="checkbox"/>
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>
	Name: _____ Address: _____ Email: _____ Telephone: _____		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 (Tick box) ✓ <input type="checkbox"/>
	Name: _____ Address: _____ Email: _____ Telephone: _____		Foundations <input type="checkbox"/> Carpenter <input type="checkbox"/> Bricklayer <input type="checkbox"/> Plasterer <input type="checkbox"/> Roofer <input type="checkbox"/>
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	Name: _____ 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

All OK

Y

N

Comments: