









Western Bay of Plenty

**District Council** 





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

1 THE BUILDING (project	i io caciony			
Building name (if applicable)				
Building street address:				-
2. THE PROJECT				
Building consent number: _				_
3. THE OWNER (must be o	completed and all details must be the owner's)			
	ls, state the preferred form of title, e.g. Mr, Mrs, Ms, Miss, Dr.			а
	Landling			
Date:	Landline:			
Mobile	After Hours:			
Mobile:	E-mail:			
Fax:		Licensed Building Practitioner number (or registration number if treated as being	WORK Licensing class	
Fax:	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number	Licensed Building Practitioner number (or registration number if	Licensing class  (Tick box) ✓ □	
Fax:	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations	
Fax:	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number of Licensed Building Practitioner	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations  Carpenter	_
Fax:	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number of Licensed Building Practitioner  Name:	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations  Carpenter  Bricklayer	
4. LICENSED BUILDING F	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number of Licensed Building Practitioner  Name:  Address:	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations  Carpenter  Bricklayer  Plasterer	
Fax:	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number of Licensed Building Practitioner  Name: Address: Email:	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations  Carpenter  Bricklayer  Plasterer  Roofer	
Fax:	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number of Licensed Building Practitioner  Name:  Address:  Email:  Telephone:	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations  Carpenter  Bricklayer  Plasterer	0
Fax:	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number of Licensed Building Practitioner  Name: Address: Email:	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations  Carpenter  Bricklayer  Plasterer  Roofer	
Fax:	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number of Licensed Building Practitioner  Name:  Address:  Email:  Telephone:  Name:  Address:	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations  Carpenter  Bricklayer  Plasterer  Roofer  Foundations	
4. LICENSED BUILDING F	PRACTITIONERS ENGAGED TO CARRY OUT/SUPER  Name, address, email, and phone number of Licensed Building Practitioner  Name: Address: Email: Telephone:	Licensed Building Practitioner number (or registration number if treated as being licensed under section	Licensing class  (Tick box) ✓ □  Foundations  Carpenter  Bricklayer  Plasterer  Roofer  Foundations  Carpenter	

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) ✓ □	
	Name:	231 Of Acti	Foundations	
	Address:	_	Carpenter	
	Email:	1	Bricklayer	
	Telephone:		Plasterer	
			Roofer	
	Name		Foundations	
	Name:	1	Carpenter	
	Address:	1	Bricklayer	
	Email:	1	Plasterer	
	Telephone:		Roofer	
			Foundations	
	Name:	-	Carpenter	
	Address:	_	Bricklayer	
	Email:	_	Plasterer	
	Telephone:	-	Roofer	
			Foundations	_
	Name:	+	Carpenter	_
	Address:	-	Bricklayer	
	Email:	+	Plasterer	
	Telephone:	+	Roofer	
	Name:	_	Foundations	
	Address:	_	Carpenter	
	Email:	_	Bricklayer	
	Telephone:	_	Plasterer	
			Roofer	
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				
COUNCIL OSL ONLI				
LBP(s) checked	Y All OK		Υ	N
Comments:				

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