

Form 2A

Memorandum from licensed building practitioner: Certificate of design work Section 30C or 45, 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:	
Suburb:	
Town/City:	Postcode:

THE OWNER(S)	
Name(s):	
Mailing address:	
Suburb:	PO Box/Private Bag:
Town/City:	Postcode:
Phone number:	Email address:

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 remaining RBW design work

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 <input checked="" type="checkbox"/> if included. Cross <input checked="" type="checkbox"/> if excluded	If appropriate, provide details of the RBW	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
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	

Design work that is RBW	Description of RBW	Carried out or 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 RBW	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
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	

Design work that is RBW	Description of RBW	Carried out or 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 RBW	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
EXTERNAL MOISTURE MANAGEMENT SYSTEMS: E2			
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	

Design work that is RBW	Description of RBW	Carried out or 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 RBW	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
FIRE SAFETY SYSTEMS: C1 - C6			
Emergency warning systems Evacuation and fire service operation systems <input type="radio"/> Suppression or control systems Other		<input type="radio"/> Carried out <input type="radio"/> 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. <input type="radio"/> Yes <input type="radio"/> 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

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/Registered office:

Suburb:

Town/City:

PO Box/Private Bag:

Postcode:

Phone number:

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

Signature: _____

Date: _____