



NOTIFICATION FORM FOR LICENSED BUILDING PRACTITIONERS
Section 87 of the Building Act 2004

Inspections can not be undertaken for Restricted Building Work if the related Licensed Building Practitioner's details have not been given to the Building Consents team. Requests for inspections will be refused.

Building Consent No:

Address:

Owner's Name:

This form is to be used to advise the Building Consent Authority of the Licensed Building Practitioners (LBPs) who are to undertake restricted building work on the above building consent. The details must be personal details, **not** company details.

This form can be used to either advise of the LBPs if not notified on the building consent application or advise of a change to a new LBP.

<p>Carpentry</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Cellphone:Daytime:</p> <p>Reg No: Email:</p> <p>CSO actioned:Date:</p>	<p>Carpentry</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Cellphone:Daytime:</p> <p>Reg No: Email:</p> <p>CSO actioned:Date:</p>
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<p>B1 - Brick masonry veneer</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Cellphone:Daytime:</p> <p>Reg No: Email:</p> <p>CSO actioned:Date:</p>	<p>B2 - structural masonry</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Cellphone:Daytime:</p> <p>Reg No: Email:</p> <p>CSO actioned:Date:</p>
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<p>E1 - solid plastering</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Cellphone:Daytime:</p> <p>Reg No: Email:</p> <p>CSO actioned:Date:</p>	<p>E2 - proprietary plastering cladding system</p> <p>Name(s):</p> <p>Postal Address:</p> <p>.....</p> <p>Cellphone:Daytime:</p> <p>Reg No: Email:</p> <p>CSO actioned:Date:</p>
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F1 - concrete foundation walls or slab on ground

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

CSO actioned: Date:

F2 - concrete or timber pile foundations

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

CSO actioned: Date:

R1 - concrete clay tile

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

R2 - profiled metal (roof, wall)

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

R3 - metal tile

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

R4 - roof membrane

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

R5 - torch on roof membrane

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

R6 - liquid membrane

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

R7 - shingle slate

Name(s):

Postal Address:

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Cellphone: Daytime:

Reg No: Email:

CSO actioned: Date:

Please fill out all details of LBPs involved in the building project and email to building@icc.govt.nz

Or Fax to (03) 2111 430

Or Post to Invercargill City Council, Private Bag 90104, Invercargill 9840

Or Hand this form to the building consents staff at 101 Esk Street, Invercargill

This notification is made for or on behalf of the owner.

Signature: Date: