



Form 2A

Memorandum from licensed building practitioner: Certificate of design work

Section 45 & Section 30C, Building Act 2004

THE BUILDING	
Street address of building:	<u>33 Great West Road</u>
Suburb: <u>Baxendale</u>	Town/City: <u>Rotorua</u>
Post Code: <u>3015</u>	

THE OWNER	
Name:	<u>Mr Spencer and Mrs Lisa Adlam</u>
Address:	<u>Address #</u>
Suburb: <u>Suburb #</u>	PO Box/Private Bag: _____
Town/City: <u>Rotorua</u>	Postcode: <u>Postcode #</u>
Phone : _____	Email: _____

BASIS FOR PROVIDING THIS MEMORANDUM	
I am providing this memorandum in my role as the: Please tick <input checked="" type="checkbox"/> the option that applies:	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	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 RBW design work.

IDENTIFICATION OF DESIGN WORK THAT IS RESTRICTED BUILDING WORK

| **Andrew Hiscoke** _____ carried out/supervised the following design work that is restricted building work:

Design work that is restricted building work	Description	Carried out/ supervised	Reference to plans and specifications
Tick ☀ if included Cross ☹ if excluded	[If appropriate, provide details of the restricted building work]	[Tick ☀ whether you carried out this design work or supervised someone else carrying out this design work]	[If appropriate, specify references]
Primary Structure: B1			
All RBW design work relating to B1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Foundations and subfloor framing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Foundation Plan Floor Framing Plan Sections Details
Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Floor Plan Sections Design IT PS
Roof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Roof Framing Plan Sections Truss Design PS1
Columns and beams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Floor Plan Floor Framing Plan Roof Framing Plan Design IT PS
Bracing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Floor Plan Floor Framing Plan Bracing Calculations
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
External Moisture Management Systems: E2			
All RBW design work relating to E2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Damp proofing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Foundation Plan Sections Details
Roof cladding or roof cladding system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Roof Plan Elevations Sections Details
Ventilation system (for example, subfloor or cavity)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Floor Plan Elevations Sections Details
Wall cladding or wall cladding system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Floor Plan Elevations Sections Details
Waterproofing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Floor Plan Sections Details
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	

Fire Safety Systems

Emergency warning systems, evacuation and fire service operation systems, suppression or control systems, or other	<input checked="" type="checkbox"/> Residential Smoke Detectors Only.	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Floor Plan
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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.
Note: continue on another page if necessary.

Waivers or modifications of the building code are required? Yes No

If Yes, provide details of the waivers or modifications below:

Clause <i>[List relevant clause numbers of building code]</i>	Waiver/modification required <i>[Specify nature of waiver or modification of building code]</i>

Note: continue on another page if necessary

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: Andrew Hiscoke

LBP or registration number: 110431

The practitioner is a: Design LBP Registered architect Chartered professional engineer

Design Entity or Company *[optional]*: AH Architectural Design & Drafting LTD

Mailing address *[if different from below]* 130 Otonga Road, Springfield, Rotorua. 3015.

Street address or registered office: 130 Otonga Road

Suburb: Springfield Town/City: Rotorua

PO Box/Private Bag: _____ Postcode: 3015

Phone No: Landline: _____ Mobile: 021 855 684

Daytime: 07 346 8561 After hours: _____

Fax: _____

Email address: andrew@ahdesign.kiwi Website: www.ahdesign.kiwi

DECLARATION

I Andrew Hiscoke 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:

- (a) Complies with the building code; or
- (b) Complies with the building code subject to any waiver or modification of the building code recorded on this form.

Signature: _____

Date: _____