

LBP Notification Form Section 87, Building Act 2004

1. THE BUILDING [Complete ALL fields on this form. Put N/A if not applicable. Cross out mistakes don't use white out fluid / tape]

Street address of building:	OFFICE ONLY:
.....	
.....	
If a building consent has been granted, state the building consent number.....	
Date received:	

2. OWNER

Name / Company:	Contact person
Mail address:	
Phone No.:	Mobile:
Landline:	Website:
Email:	
Owners Signature:	
Agent Signature:	

3. RESTRICTED BUILDING WORK: LBP's INVOLVED / NO LONGER INVOLVED IN THIS PROJECT

Provide the details of all licensed building practitioners who either will or will no longer be involved in carrying out or supervising the restricted building work for this building consent project. *[Please record their name, licensing class, licensed building practitioner number (or registration number if treated as being licensed under section 291 of Act) and contact details. [These details must be supplied before the building work begins]*

DESIGNER Name:	Licence Class:
Registration / Licence No.:	
Address:	
Telephone:	Fax:
Mobile:	
Email:	☐ Will be involved ☐ Will no longer be involved (tick one)

ENGINEER Name:	Licence Class:
Registration / Licence No.:	
Address:	
Telephone:	Fax:
Mobile:	
Email:	☐ Will be involved ☐ Will no longer be involved (tick one)

CARPENTER Name:	Licence Class:
Registration / Licence No.:	
Address:	
Telephone:	Fax:
Mobile:	
Email:	☐ Will be involved ☐ Will no longer be involved (tick one)

ROOFER Name:	Licence Class:
Registration / Licence No.:	
Address:	
Telephone:	Fax:
Mobile:	
Email:	☐ Will be involved ☐ Will no longer be involved (tick one)

EXTERNAL PLASTERER Name:		Licence Class:	
Registration / Licence No.:			
Address:			
Telephone:		Fax: Mobile:	
Email:		☐ Will be involved ☐ Will no longer be involved (tick one)	

BRICK / BLOCKLAYER Name:		Licence Class:	
Registration / Licence No.:			
Address:			
Telephone:		Fax: Mobile:	
Email:		☐ Will be involved ☐ Will no longer be involved (tick one)	

FOUNDATION SPECIALIST Name:		Licence Class:	
Registration / Licence No.:			
Address:			
Telephone:		Fax: Mobile:	
Email:		☐ Will be involved ☐ Will no longer be involved (tick one)	

PLUMBER Name:		Licence Class:	
Registration / Licence No.:			
Address:			
Telephone:		Fax: Mobile:	
Email:		☐ Will be involved ☐ Will no longer be involved (tick one)	

GASFITTER Name:		Licence Class:	
Registration / Licence No.:			
Address:			
Telephone:		Fax: Mobile:	
Email:		☐ Will be involved ☐ Will no longer be involved (tick one)	

LBP Name:		Licence Class:	
Registration / Licence No.:			
Address:			
Telephone:		Fax: Mobile:	
Email:		☐ Will be involved ☐ Will no longer be involved (tick one)	

LBP Name:		Licence Class:	
Registration / Licence No.:			
Address:			
Telephone:		Fax: Mobile:	
Email:		☐ Will be involved ☐ Will no longer be involved (tick one)	

[Note: Continue on another page if necessary]

