

Memorandum from licensed building practitioner: Certificate of design work

Section 45 and section 30C, 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: 158 Wither Road

Suburb:

Town/City: Blenheim

Postcode:

THE OWNER(S)

Name(s): Benjamin Wilkes

Mailing address: 13 Bexhill Crescent

Suburb: Redwoodtown

PO Box/Private Bag:

Town/City: Blenheim

Postcode: 7201

Phone number: 0274994635

Email address: wilkesyyb@gmail.com

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 D Lightfoot 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.	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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Carried out <input type="radio"/> Supervised	
Foundations and subfloor framing <input checked="" type="checkbox"/>	Firth Pod floor system	<input type="radio"/> Carried out <input checked="" type="checkbox"/> Supervised	Refer to attached specification & sheet A1.1

Design work that is RBW		Description of RBW	Carried out or supervised	Reference to plans and specifications
Tick <input checked="" type="checkbox"/> if included.		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 checked="" type="checkbox"/>	Timber-framed building NZS3064:2011 140x45 SG8 stud framing	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Refer to drawings A2.0, A2.1 & A4.0
Roof	<input checked="" type="checkbox"/>	Trussed roof	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	Refer to attached specifications & drawing A2.3
Columns and beams	<input type="checkbox"/>		<input type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Bracing	<input checked="" type="checkbox"/>	GIB EzyBrace system wall bracing	<input checked="" type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	Refer to drawing A2.2 & calculations
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.	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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	
Damp proofing <input checked="" type="checkbox"/>	0.25mu Damp proof membrane (DPM)	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Refer drawings A00 - A4.0
Roof cladding or roof cladding system <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Refer drawings A2.3, A4.0
Ventilation system (for example, subfloor or cavity) <input checked="" type="checkbox"/>	20mm drained cavity batten	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Refer drawings A00 - A4.0
Wall cladding or wall cladding system <input checked="" type="checkbox"/>	James Hardie 6mm fibre cement cladding	<input checked="" type="checkbox"/> Carried out <input type="checkbox"/> Supervised	Refer drawings A00 - A4.0
Waterproofing <input type="checkbox"/>	Marshall Waterproofing system AFM-WM Wet Area Membrane	<input type="checkbox"/> Carried out <input checked="" type="checkbox"/> Supervised	Refer to drawing A1.0 & attached specifications
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.	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 checked="" 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: **D Lightfoot**

LBP or Registration number: **107656**

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

Design Entity or Company (optional): **Lightfoot Design NZ Ltd**

Mailing address (if different from below):

Street address/Registered office: **1137 Kenepuru Road**

Suburb: **RD 2**

Town/City: **Picton**

PO Box/Private Bag:

Postcode: **7282**

Phone number: **(03) 5742411**

Mobile: **021 284 8229**

After hours:

Fax:

Email address: **dslightfoot@xtra.co.nz**

Website: **www.dlightfootdesigns.com**

DECLARATION

I, **D Lightfoot** 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: **David Lightfoot**

Digitally signed by David Lightfoot
Date: 2017.02.28 12:16:03 +13'00'

Date: **28.11.17**