



# LICENSED BUILDING PRACTITIONER Notification Form

THE BUILDING [if item is not applicable put N/A in the space]	OFFICE USE ONLY:
Street address of building: _____ _____ _____ If BC granted, the BC application number: _____ _____	Consent/PIM Number: _____ Document or Parcel No: _____ Valuation No: _____ Date received: _____

1. OWNER	2. AGENT [Only required if application is being made on behalf of the owner]
Name/Company: _____ Contact person: _____ Mail address: _____ _____ Phone No: _____ Landline: _____ Mobile: _____ Daytime: _____ After hours: _____ Facsimile: _____ Email: _____ Website _____ <b>OWNERS SIGNATURE:</b> _____ <b>THE FOLLOWING EVIDENCE OF OWNERSHIP IS ATTACHED:</b> <input type="checkbox"/> Certificate of Title <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Agreement for Sale and Purchase <input type="checkbox"/> Other document	Name of Agent: _____ Contact person: _____ Mail address: _____ _____ Phone No: _____ Landline: _____ Mobile: _____ Daytime: _____ After hours: _____ Facsimile: _____ Email: _____ Website _____ Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf] _____ _____ _____ _____

**FIRST POINT OF CONTACT** for communications with the Council / Building Consent Authority:     Owner     Agent

**INVOICE TO:**     Owner     Agent

3. RESTRICTED BUILDING WORK: BUILDING PRACTITIONERS INVOLVED IN THIS
Will the building work include any restricted work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the following details of all licensed building practitioners who will be involved in carrying out or supervising the restricted building work: name, licensing class, licensed building practitioner number (or registration number if treated as being licensed under section 291 of Act) (If these details are unknown at the time of the application, they must be supplied before the building work begins):
DESIGNER Name: _____ Licence Class: _____ Registration / Licence No: _____ Address: _____ Telephone: _____ Fax: _____ Mobile: _____ Email: _____

ENGINEER Name: \_\_\_\_\_ Licence Class: \_\_\_\_\_  
Registration / Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

CARPENTER Name: \_\_\_\_\_ Licence Class: \_\_\_\_\_  
Registration / Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

ROOFER Name: \_\_\_\_\_ Licence Class: \_\_\_\_\_  
Registration / Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

EXTERNAL PLASTERER Name: \_\_\_\_\_ Licence Class: \_\_\_\_\_  
Registration / Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

BRICK / BLOCKLAYER Name: \_\_\_\_\_ Licence Class: \_\_\_\_\_  
Registration / Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

FOUNDATION SPECIALIST Name: \_\_\_\_\_ Licence Class: \_\_\_\_\_  
Registration / Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

PLUMBER Name: \_\_\_\_\_ Licence Class: \_\_\_\_\_  
Registration / Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

GAS FITTER Name: \_\_\_\_\_ Licence Class: \_\_\_\_\_  
Registration / Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

[Note: Continue on another page if necessary]

Total fee payable (incl. GST) \_\_\_\_\_ Receipt No: \_\_\_\_\_