



## 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: _____ _____ _____	Consent/PIM Number: _____
If BC granted, the BC application 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: _____	Name of Agent: _____
Contact person: _____	Contact person: _____
Mail address: _____ _____	Mail address: _____ _____
Phone No: _____ Landline: _____	Phone No: _____ Landline: _____
Mobile: _____ Daytime: _____	Mobile: _____ Daytime: _____
After hours: _____ Facsimile: _____	After hours: _____ Facsimile: _____
Email: _____	Email: _____
Website _____	Website _____
<b>OWNERS SIGNATURE:</b> _____	Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf] _____ _____ _____ _____
<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	
<b>FIRST POINT OF CONTACT</b> for communications with the Council / Building Consent Authority: <input type="checkbox"/> Owner <input type="checkbox"/> Agent	
<b>INVOICE TO:</b> <input type="checkbox"/> Owner <input type="checkbox"/> 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: \_\_\_\_\_