

Advice of licensed building practitioner(s)

Section 87, Building Act 2004

Council use only
Application #:
Property ID:

Notes for the applicant

Before restricted building work starts, use this form to provide the Council with the names of the licensed building practitioner/s engaged to carry out/supervise restricted building work. You can hand this form to the Council's building inspector or choose from the following options:

Postal: Building Compliance and Consents
Wellington City Council
PO Box 2199
Wellington 6140

Email: bccinspectors@wcc.govt.nz

Please PRINT clearly.

General information

Name of person completing form:

Phone:

Building details

Building name (if applicable):

Street address:

Project details

Building consent number (SR number):

Owner details

Full name (for companies, trusts and other organisations provide a contact person's name):

Postal address:

Postcode:

Phone:

Email:

Date:

Council use only

LBP(s) checked:

Y

All OK:

Y

N

Comments:

Date issued: