

Trade LBP Notification Form

Please complete this form to notify Council of the trade Licensed Building Practitioner(s) (LBP) you intend to undertake your building work. This form should also be used to advise of any changes to LBP details previously notified to Council.

Trade LBP's are holders of one or more of the following licences: carpentry, roofing, external plastering, foundations, brick and blocklaying. Licensed plumbers and gasfitters are automatically treated as LBP's and their details must also be provided if undertaking Restricted Building Work

Section 87 of the Building Act 2004 states that before any Restricted Building Work commences a building owner must give the Building Consent Authority written notice of every LBP who is engaged to carry out or supervise work under the Building Consent.

1. The building project and key contact

Building Consen	t Number:							
Street Address of Building:								
Contact Person:								
Contact Address:								
Contact Address: Contact Phone Number:								
Contact Email:								
Contact Email.								
2 I PD details	(complet	o for all rai	ovent l	PDc)				
2. <u>LBP details (complete for all relevant LBPs)</u>								
Name:	11!	N / \						
Please tick relevant Licensing Class(es) being carried out by LBP:								
☐ Foundation		Carpentry		Roofing		☐ External Plastering	ng 🗆	l Brick/Blocklaying
Address								
Email:						Registration #:		
Mobile No:						Landline:		
Name:								
Please tick relevant Licensing Class(es) being carried out by LBP:								
☐ Foundation		Carpentry		Roofing		☐ External Plasterir	ng 🛮 🗆	Brick/Blocklaying
Address							<u> </u>	
Email:						Registration #:		
Mobile No:						Landline:		
Name:								
Please tick relevant Licensing Class(es) being carried out by LBP:								
☐ Foundation		Carpentry		Roofing		☐ External Plasterir	na 🗆	Brick/Blocklaying
Address		ı J	<u> </u>	<u> </u>			<u> </u>	
Email:						Registration #:		
Mobile No:						Landline:		

#: 8890509 - v5 - Trade LBP Notification Form (BCA T-51)



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Name:								
Please tick relevant Licensing Class(es) being carried out by LBP:								
☐ Foundation	☐ Carpentry	☐ Roofing	☐ External Plasterin	g 🗆 Brick/Blocklaying				
Address								
Email:			Registration #:					
Mobile No:			Landline:					
Name:								
Please tick relevant Licensing Class(es) being carried out by LBP:								
☐ Foundation	☐ Carpentry	☐ Roofing	☐ External Plasterin	g 🗆 Brick/Blocklaying				
Address								
Email:			Registration #:					
Mobile No:			Landline:					
Name:								
Please tick relevant Licensing Class(es) being carried out by LBP:								
☐ Foundation	☐ Carpentry	☐ Roofing	☐ External Plasterin	g 🗆 Brick/Blocklaying				
Address								
Email:			Registration #:					
Mobile No:			Landline:					
3. Signature of the owner / agent on behalf of and with the authority of owner:								
Name:		_						
Signed:		_	Date:					