# Producer statement design (PS1)

**To be completed by the design professional who has been engaged to provide a PS1**

Author name:

Author company:

Site address:

Legal description:

Engaged by:

To provide design services in respect of: ☐ part ☐ all

*(describe work)*

NZBC clauses:
*[select as applicable]*

NB: All statements must include B2

☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐ C3 ☐ C4 ☐ C5 ☐ C6 ☐ D1 ☐ D2 ☐ E1 ☐ E2
☐ E3 ☐ F1 ☐ F2 ☐ F3 ☐ F4 ☐ F5 ☐ F6 ☐ F7 ☐ F8 ☐ G1 ☐ G2 ☐ G3
☐ G4 ☐ G5 ☐ G6 ☐ G7 ☐ G8 ☐ G9 ☐ G10 ☐ G11 ☐ G12 ☐ G13 ☐ G14 ☐ G15
☐ H1

The design has been prepared in accordance with:

☐ Approved documents issued by the Ministry of Business, Innovation and Employment *(verification method / acceptable solution)*

☐ Alternative solution *(attach schedule if required)*

The proposed building work covered by this producer statement design is described on the drawings referenced below, together with the specifications and other documents set out in the schedule attached to this statement:

| Drawing title: | Drawing numbers: |
|---|---|
| | |

The producer statement is subject to:

(i)     Site verification of the following design assumptions:

(ii)    All proprietary products meeting their performance specification requirements

I believe on reasonable grounds that the proposed building work, will comply with the relevant provisions of the Building Code if constructed in accordance with the drawings, specifications and other documents provided or listed with this statement.

I understand that the Council may rely on this producer statement for the purposes of establishing compliance with the relevant provisions of the Building Act 2004, Building Regulations and Building Code.  I confirm that I hold a current policy of professional indemnity insurance to the value required by the Council.

Construction monitoring is:  ☐ Not required   ☐ Required

If required, please list below:

*(Agreement must be attached)*

Signature:                                              Date:

☐ ACENZ  ☐ IPENZ  ☐ CPENG  ☐ NZIA  ☐ Other (specify):

*(Membership number)*

Practice Area:

Address:                                                Postcode:

Phone:                                                  Fax:

Mobile:                                                 Email:

Comments: