

# Certificate of Compliance

## Hydraulic services - construction

### Section 40 Building Act 1993

|  |  |                   |                          |                   |  |
|--|--|-------------------|--------------------------|-------------------|--|
| Mark N/A to any part that does not apply   |  |                   |                          |                   |  |
| <b>Property/project details</b>  |  |                   |                          |                   |  |
| <b>Building permit number</b>  |  |                   | <b>Project reference</b> |                   |  |
| <b>Location code</b>   |  | <b>LTO number</b> |                          | <b>Lot number</b> |  |
| <b>Address</b>   |  |                   |                          |                   |  |
| <b>Description of works - provide full details of works certified under this certificate</b> |  |                   |                          |                   |  |
|  |  |                   |                          |                   |  |
| <b>Drawing numbers</b>   |  |                   |                          |                   |  |
| <b>Inspection records</b>  |  |                   |                          |                   |  |
| <b>Installer's details</b>   |  |                   |                          |                   |  |
| Provide the details of the installers of the hydraulic systems                               |  |                   |                          |                   |  |
|  |  |                   |                          |                   |  |
| <b>Comments and exclusions</b>   |  |                   |                          |                   |  |
|  |  |                   |                          |                   |  |

**Certification by hydraulic engineer**

I certify that reasonable care has been taken to ensure that the hydraulic services described above have been constructed in accordance with the approved plans and building permit.

|  |  |  |  |
|--|--|--|--|
| <b>Signature</b>   |  | <b>Date</b>                                  |  |
| <b>Name / nominee<sup>1</sup></b>  |  | <b>Individual NT BPB registration number</b> |  |
| <b>Registered company name</b><br>(if certification is on behalf of a company) |  |  |  |
| <b>Company NT BPB registration number</b>                                      |  |  |  |

**Schedule of inspections completed**

Indicate which of the below has been completed. Attach inspection records to this certificate.

|   |          |
|---|----------|
| Placement of below ground services prior to backfill. | Yes / No |
| Pipe pressure tests.                                  | Yes / No |
| Drainage installations prior to concealment.          | Yes / No |
| Other inspections                                     | Yes / No |
| Detail of other inspections                           |          |

**Further information**

Contact Building Advisory Services on 08 8999 8985 or email [bas@nt.gov.au](mailto:bas@nt.gov.au)

<sup>1</sup> Name and registration number of nominee signing on behalf of the company or if no registered company, the name of registered individual issuing certification.