Certificate of Compliance

Mechanical systems - construction

Section 40 Building Act 1993

Mark N/A to any part that does not apply										
Property / Project details										
Building permit number		Project reference								
Location code		LTO number		Lot n	umber					
Address										
Description of works - provide full details of works certified under this certificate										
Drawing numbers										
Inspection records										
Installer's details										
Provide all installers details and components installed										
Comments and exclusions										
Certification by mechanical engineer										



				sure that the mechanica oved plans and building p	•	ribed above		
Signature		Date						
Name / nominee ¹				Individual NT BPB registration number				
Registered company name (if certification is on behalf of a company)								
Company NT BPB registration number								
Schedule of inspections completed								
Indicate which of the below has been completed.								
Measurement of fresh air rates								
Measurement of exhaust air rates								
Verification of fire mode operation including stairwell presentation, smoke spill systems, a/c shut down and zone pressurisation systems.								
Other Inspections								
Detail of oth	ner inspections					_ .		

Further information

Contact Building Advisory Services on 08 8999 8985 or email <u>bas@nt.gov.au</u>

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