|  |
| --- |
| Mark N/A to any part that does not apply |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Property/project details | | | | | | | | | | | | | | | | | | | | |
| Building permit number | |  | | | | | | | | | Project reference | | | |  | | | | | |
| **Location code** | |  | | | | | | **LTO number** | | |  | | | **Lot number** | | | | |  | |
| Address | |  | | | | | | | | | | | | | | | | | | |
| Description of works - provide full details of works certified under this certificate | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Documents Attached | | | | | | | | | | | | | | | | | | | | |
| Drawing numbers | | | | |  | | | | | | | | | | | | | | | |
| Other | | | | |  | | | | | | | | | | | | | | | |
| Design basis | | | | | | | | | | | | | | | | | | | | |
| List all relevant standards and design considerations used in the design **(**NCC 2022 Schedule 2) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Class of building** (NCC) | | | | | |  | | | | | | | | | | | | | | |
| **Type of construction**  (NCC 2022 Table C2D2) | | | | |  | | | | | | | Building Importance Level  (NCC 2022 Table B1D3a) | | | |  | | | | |
| **Does the design contain a performance solution/s)?** NCC 2022 A2G2  Note: The performance-based design brief must accompany this certificate | | | | | | | | | | | | | | | | | Yes/No | | | |
| Outdoor air flow rates | | | | | | | | | | | | | | | | | | | | |
| Zone / area | | | Basis of design | | | | | | Zone / area outdoor air rate (l/s) | | | | Occupancy (number of persons) | | | | | Comments | | |
|  | | |  | | | | | |  | | | |  | | | | |  | | |
| Exhaust air flow rates | | | | | | | | | | | | | | | | | | | | |
| Zone / area | | | Basis of design | | | | | | Exhaust air rate (l/s) | | | | Derivation  (fixture / l/s/m2 / other – list) | | | | | Comments | | |
|  | | |  | | | | | |  | | | |  | | | | |  | | |
| Smoke Hazard Management | | | | | | | | | | | | | | | | | | | | |
| Zone / area | | | Basis of design | | | | | | Stair pressurisation required? | | | | Lift shaft pressurisation required? | | | | | Smoke hazard management system | | |
|  | | |  | | | | | |  | | | |  | | | | |  | | |
| **Comments and exclusions** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Certification by mechanical engineer | | | | | | | | | | | | | | | | | | | | |
| I certify that reasonable care has been taken to ensure that the mechanical engineering aspects of the works as described above have been designed in accordance with the requirements of the Northern Territory *Building Act and Regulations 1993*. | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | Date | | | | |  | | | | |
| Name / Nominee1 | | | |  | | | | | | | Individual NT BPB registration number | | | | |  | | | | |
| Registered company name  (if company is registered as mechanical engineer) | | | | | | | | | |  | | | | | | | | | | |
| Company NT BPB registration number | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | |
| Important information 1) The below inspections should be carried out by an NT registered certifying engineer or the building certifier who issued the Building Permit for the work. (If no inspections are indicated refer to the certifying engineer for advice).  2) Where works are prescribed building works under the NT Building Act, the building certifier must be provided with a copy of the inspection record and no further works must be carried out by the builder until the building certifier issues a release to proceed with further works.  3) Additional inspections may be required during the course of construction before the issue of an Occupancy Permit (refer to building certifier for requirements).  4) Failure to obtain inspections may prevent the issue of an Occupancy Permit upon completion of the building works.  5) The declaration may not be altered or amended. | | | | | | | | | | | | | | | | | | | | |
| Schedule of mechanical inspections required | | | | | | | | | | | | | | | | | | | | |
| Indicate which of the below are to be carried out. | | | | | | | | | | | | | | | | | | | | |
| Measurement of fresh air rates | | | | | | | | | | | | | | | | | | | | Yes / No |
| Measurement of exhaust air rates | | | | | | | | | | | | | | | | | | | | Yes / No |
| Verification of fire mode operation including stairwell pressurisation, smoke spill systems, a/c shut down and zone pressurisation systems | | | | | | | | | | | | | | | | | | | | 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) | | | | | | | | | | | | | | | | | | | | |