|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mark N/A to any part that does not apply | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Drawing numbers | |  | | | | | | | | | | | | | |
| Inspection records | |  | | | | | | | | | | | | | |
| Installer’s details | | | | | | | | | | | | | | | |
| Provide the details of the installers of the hydraulic systems | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Comments and exclusions** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | Date | |  | |
| Name / nominee**[[1]](#footnote-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. 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) | | | | | | | | | | | | | | | |

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. [↑](#footnote-ref-1)