## NORTHERN TERRITORY OF AUSTRALIA

## BUILDING ACT

## SECTION 40 – CERTIFICATE OF COMPLIANCE

## MECHANICAL DESIGN

***All sections must be completed – mark N/A to any question that does not apply***

|  |  |
| --- | --- |
| **PROPERTY / PROJECT DETAILS** | |
| Owner (if known): | |
| Lot/Portion Number: | Address: |
| Location: | Town / Hundred : |
| Description of works : [ ] Air conditioning: [ ] Other  [ ] Smoke control:  [ ] Ventilation: | |

|  |
| --- |
| DOCUMENTS REFERRED |
| Drawing Nos: |
| Other: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | DESIGN BASIS (please list relevant Standards used in the design) | | | | |
| Class of Building (NCC): | | |  | Type of Construction (NCC volume 1, s.C1.1)  *(eg type A fire-resisting construction)* | |
| **Outdoor Air flow rates - AS 1668:2** | | | | | |
| Zone / Area Served | | Basis Of Design  AS 1668:2 Appendix A  *(e.g. Education, Offices)* | Area Outdoor Air Rate (l/s) | Occupancy | Comments |
|  | |  |  |  |  |
| **Exhaust Air flow rates - AS 1668:2** | | | | | |
| Area served | | Basis of design  AS 1668:2 Appendix B  *(eg sanitary compartment, kitchen)* |  | Exhaust Air Rate  *(l/s)* | Derivation  *(Fixture / l/s/m2 / other - list)* |
|  | |  |  |  |  |
| **Smoke Hazard Management - AS 1668:1** | | | | | |
|  | |  |  |  |  |
|  | |  |  |  |  |

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| --- |
| **COMMENTS / EXCLUSIONS** (Exclusions to this Certificate must be clearly identified). |
| The following items are excluded and shall be certified separately: |
| Comments: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CERTIFICATION BY MECHANICAL ENGINEER | | | | |
| Company Name if certification is on behalf of a company | | Company NT Registration Number | | |
| 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 National Construction Code and the Northern Territory Building Regulations. | | | | |
| **\*Name** (print clearly) | **\*Nominee/Individual**  **NT Registration Number** | | **Signature** | **Date** |

\*Name and registration number of nominee signing on behalf of company or, if no company, name of individual issuing certification.

**SCHEDULE OF MECHANICAL INSPECTIONS REQUIRED**

Inspection of services is required at the stages indicated below.

**[ ] 1.** Measurement of fresh air rates

**[ ] 2.** Measurement of exhaust air rates

**[ ] 3.** Verification offire mode operation including stairwell pressurisation, smoke spill systems, a/c shut down and zone pressurisation systems

**[ ] 4.** Other inspections

**Important Information:**

1. The above 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.