# **Annual Fire Safety Statement**Form 15A



#### **About this Form**

The owner of a building, or the owner's agent can use this form to provide to Council:

- an annual fire safety statement wherever an **essential** fire safety measure applies:
- a supplementary fire safety statement, as often as is set out in the current fire safety schedule for the building, where a critical fire measure applies.

## How to complete this form

- 1 Ensure that all fields have been filled out correctly, place "X" in the boxes and fill out the blank sections as appropriate.
- 2 Forward a copy of the completed statement to the Commissioner NSW Fire & Rescue
- 3 Display copy of statement in the building in a prominent position.

### **Fees**

See Fees & Charges document on our website for current fees.

Please note that the fee is more if the Annual Fire Safety Statement is lodged after the required date.

## **Description of the Building being Certified**

Name of the owner of the building or part of the building	
Building Address	
Suburb/Town	Postcode*
	Ostcode
Nearest Cross Street	
This statement is for:	
Part of the Building  The Whole of the Building	
Description of the building or part of the building	
Description of the building of part of the building	
Office Hee Only	
Office Use Only	
ESS Number Total Fees Paid Receipt Number CSO Initials Date	

Development Application Number	er (where applicable)		
Assessment of Fire Safety Me List each essential or critical fire sa		ne Fire Safety Schedule for the building.	
Measure	Standard or Performance R by the Fire Safety Sche	· I I I I I I I I I I I I I I I I I I I	
Date the building or part of the building exits and paths of travel to fire of the building or part of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of travel to fire of the building exits and paths of the b	exits	to fire safety notices,  A supplementary fire safety statement	
1	of		
	asure listed above has been as	ssessed by a properly qualified person	
Where an essential fire s	asure was found, when it was a safety measure applies becaus of performing to at least the sta	se it is specified in the fire schedule for th	ıe
OR			
	pable of performing to at least	gh it is not specified in a fire safety sched the standard for which the measure was	
safety offences under the Env	•	ound, when it was inspected, that no fire essment regulation 2000 in relation to fire been committee.	
The information contained in t	his statement is true and accu	rate to the best of my knowledge and bel	ief.

<b>Certification - Supplementary Fire Safety S</b>	tatement (if applicable	e)	
I,	of		
Being the owner of the building described above, of	or the agent of the own	er, certify that:	
Each of the critical fire safety measures listed	d above:		
Has been assessed by a properly qualif	fied person		
Where an essential fire safety measure for the building, to be capable of perform originally designed and implemented.		•	•
The information contained in this statement is	s true and accurate to t	he best of my know	ledge and belief.
Information attached to this statement			
The current Fire Safety Statement for the buil	lding		
Signature & Date of Statement The owner of the building, or the agent's owner, m	ust complete and sign	the statement:	
The owner of the building, or the agent's owner, m	ust complete and sign	the statement:	
Surname		First Name	
Address			
Suburb		State	Postcode
The capacity in which you are signing if you are no	ot the owner of the buil	ding	
Signature		Date	

**Privacy Notice:** Under Privacy laws, you have the right to find out why we are collecting this information, if it is compulsory and what we are going to do with it. You also have rights to access and correct any information held about you. If you need an interpreter, call 131 450