

How to complete this form

- 1 Please print in CAPITAL LETTERS
- 2 Please complete all relevant sections in full
- 3 A copy of this certificate must be given to Council & the Commissioner of Fire & Rescue - afss@fire.nsw.gov.au

Note

- 1 A reference to **'the Regulation'** in this statement is a reference to the Environmental Planning & Assessment Regulation 2000
- 2 A reference to the **CFSP** in this statement is a reference to a 'competent fire safety practitioner' as defined by clause 167A of the Regulation

Section 1: Type of statement

This is (mark applicable box) ☐ an annual fire safety statement ☐ a supplementary fire safety statement

Section 2: Building the subject of this statement

Address

Suburb

Postcode

Lot Number (if known)

DP/SP (if known)

Building name (if applicable)

This statement applies to (mark applicable box) ☐ the whole building ☐ part of the building

Section 3: Description of the building or part of the building the subject of this statement

Storeys above ground in the building (no) Storeys below ground in the building (no)

If statement relates to a part - describe that part and its location in the building

Uses of building or part subject to this statement (eg retail, offices, residential, assembly, carparking)

Office use only

Licence number

Date

Section 4: Name and address of owner of the building or part

Given name/s

Surname

Address

Suburb

State

Postcode

Section 5: Fire safety measures

- 1 All essential fire safety measures (including critical fire safety measures) must be listed for an annual fire safety statement.
- 2 Only critical fire safety measures must be listed for a supplementary fire safety statement
- 3 A critical fire safety measure requires periodic assessment and certification at intervals of less than 12 months
- 4 Clause 165 of the Environmental Planning and Assessment Regulation provides further definitions to aid with interpretation.

Fire safety measure	Date assessed	CFSP*	Minimum standard of performance

Section 6: Details of competent fire safety practitioners (CFSP) endorsing measures & inspection

Initials	First name	Surname	Phone no	Email	Signature

Section 7: Annual fire safety statement declaration (to be completed where relevant)

I, , being the ☐ owner ☐ owner's agent, certify that:
(insert full name) (mark applicable box)

- a) each essential fire safety measure specified in this statement has been assessed by a competent fire safety practitioner and was found, when it was assessed, to be capable of performing:
- i. in the case of an essential fire safety measure identified in Section 5 of this form and the fire safety schedule - to a standard no less than that specified in the schedule, or
 - ii. in the case of any other essential fire safety measure identified in Section 5 of this form - to a standard no less than that to which the measure was originally designed and implemented, and
- b) the building has been inspected by a competent fire safety practitioner and was found, when it was inspected, to be in a condition that did not disclose any grounds for a prosecution under Division 7 of the Regulation.

Owner/agent name

Owner/agent signature

Date

Section 8: Supplementary fire safety statement declaration (to be complete where relevant)

I, , being the ☐ owner ☐ owner's agent, certify that:
(insert full name) (mark applicable box)

- a) each critical fire safety measure specified in this statement has been assessed by a competent fire safety practitioner and was found, when it was assessed, to be capable of performing to at least the standard required by the current fire safety schedule for the building for which this statement is issued.

Owner/agent name

Owner/agent signature

Date

Section 9: Authorisation of owner of the building or part the subject of this statement

(To be completed where the agent makes the declaration in Section 7 or Section 8)

I, being the owner, authorise the agent named in Section 7 or Section 8 to act on my behalf to make the declaration.

Owner's name

Owner's signature

Date

Section 10: Contact details of person issuing this statement

Title

First name

Surname

Phone number

Email

Section 11: Fire safety schedule

A current fire safety schedule for the building must be attached to this statement.

Privacy: This information is required to process your request and will not be used for any other purpose without seeking your consent, or as required by law. Your application will be retained in Council's Records Management System and disposed of in accordance with current legislation. Your personal information can be accessed and corrected at any time by contacting Council.

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Gloucester | 89 King Street | PO Box 11 Gloucester 2422 | **6538 5250**
Taree | 2 Pulteney Street | PO Box 482 Taree 2430 | **6592 5399**

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