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ANNUAL FIRE SAFETY STATEMENT

(ANNUAL COMPLIANCE CERTIFICATE)

The owner of a building, or the owner's agent, needs to provide to the council:

- a final fire safety statement each year where an **essential** fire safety measure applies,
- a supplementary fire safety statement, as often as set out in the current fire safety schedule for the building, where a **critical** fire safety measure applies.

In either case, you can use this form to do so. A copy of the statement also needs to be given to the Commissioner of New South Wales Fire Brigades and displayed in the building in a prominent position. To complete this form, please place a cross in the boxes and fill out the sections as appropriate.

1. Description of the building being certified

Name of the owner of the building or part of the building

First name: _____ Family name: _____

Address of the building

No: _____ Street/Road _____ Locality: _____

Lot: _____ DP: _____ Nearest Cross Street: _____

This statement is for: Part of the building Whole of the Building

Description of the building or part of the building (include Business Trading Name):

2. Type of Statement

This is:

- an annual fire safety statement
 a supplementary fire safety statement

3. Assessment of fire safety measures

List of each essential or critical fire safety measure, specified in the Fire Safety Schedule for the building.

Measure	Standard of performance required by the fire safety schedule	Date of assessment

If you need more space, please attach additional pages

4. Inspection of the building

Date the building or part of the building was inspected in relation to fire safety notices, fire exits and paths of travel to fire exits:

5. Certification

Annual fire safety statement

I _____ of _____

being the owner of the building described above, or the agent of the owner, certify that:

- each essential fire safety measure listed above has been assessed by a properly qualified person; and
- each essential fire safety measure was found, when it was assessed:
 - where an essential fire safety measure applies because it is specified in the fire safety schedule for the building, to be capable of performing to at least the standard set out in the schedule; or
 - where an essential fire safety measure applies although it is not specified in a fire safety schedule for the building, to be capable of performing to at least the standard for which the measure was originally designed and implemented; and
- a properly qualified person has inspected the building and found, when it was inspected, that no fire safety offences under the Environmental Planning and Assessment Regulation 2000 in relation to fire safety notices, fire exits and paths of travel to fire exits had been committed; and
- the information contained in this statement is true and accurate to the best of my knowledge and belief.

Supplementary fire safety statement

I _____ of _____

Being the owner of the building described above, or the agent of the owner, certify that:

- each of the critical fire safety measures listed above:
 - has been assessed by a properly qualified person
 - was found, when it was assessed by that person, to be capable of performing to at least the standard required by the current fire safety schedule for the building;
- the information contained in this statement is true and accurate to the best of my knowledge and belief.

6. Signature

The owner of the building, or the owner's agent, must complete and sign the statement.

Signature:

Name: _____

Address: _____ Date: _____

The capacity in which you are signing if you are not the owner of the building: _____

6. Attachments

- All certificates (from Accredited Fire Service Companies or Licensed Tradesmen) relied on by the person endorsing this Statement.

7. Privacy policy

You need to provide the information in this statement to the Council and the Commissioner of the New South Wales Fire Brigades under the *Environmental Planning and Assessment Act 1979*. If you do not supply a fire safety statement as required, you will be in breach of the Act and you could be found guilty of an offence and/or required to take other action. Please contact the Council if the information you have provided in this Statement is incorrect or changes.

OFFICE USE ONLY

Date received: _____ Receipt number: _____ Amount \$33.00 (L.1233363)

Register No: _____ ID number: _____