ANNUAL FIRE SAFETY STATEMENT

Sutherland Shire COUNCIL

Under Clause 175-177 of the Environmental Planning and Assessment Regulation 2000

The General Manager
Sutherland Shire Council

Council Reference EFS …… *if known*

Office Use Only
Date Received

Type of Statement

ANNUAL

Description of the building or part being certified

Lot No., DP or SP _____

Unit/flat/street no. or name _____

Street name _____ Suburb _____

Nearest cross street _____

Owners of the building or part

Name/s _____

Address _____

Annual Statement
Name and address of owner/ managing agent/ legal representative lodging this statement

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

(a) each essential fire safety measure listed below has been assessed by a properly qualified person; and
(b) each essential fire safety measure was found, when it was assessed:
  i) 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
  ii) 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
(c) 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
(d) the information contained in this statement is true and accurate to the best of my knowledge and belief.
(e) In lodging this form, the person who makes the declaration that this is an AFSS pursuant to clause 177 (1) of the EP& A Regulations 2000 declares that they are an "authorised agent or representative" of the Owner of the Building.

NB: The date of assessment of each fire safety measure shall not be older than 3-months prior to the date of this statement

Essential Fire Safety Measures Installed in the Building or Part eg. Portable Fire Extinguisher	**Standard of Performance, required by the Fire Safety Schedule** eg BCA E1.6 & AS2444-2001	**Date of Assessment/ Inspection** eg 1/12/2008

The owner of the building, or managing agent/ legal representative of the building owner completing this statement must sign the statement.

Signature_____ Date of Statement _____

Name _____ Contact Phone Number _____

The capacity in which you are signing if you are not the owner of the building _____
eg Strata Manager, Real Estate Agent, Legal Representative

NOTE: A copy of this Statement together with the relevant fire safety schedule must be forwarded (by the owner/agent) to the Council and also the Commissioner of the New South Wales Fire Brigades, Fire Safety Division, Locked Bag No. 12, Greenacre 2190. A copy of this Statement, together with the relevant fire safety schedule, must be prominently displayed (by the owner) in the building. The current fire safety schedule for the building must be attached to this statement