

Hawkesbury City Council

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fire safety statement

Environmental Planning and Assessment Regulation 2000

please print in CAPITAL LETTERS and complete all relevant sections in full.

OFFICE USE ONLY

FSC App No. _____
Date: _____
Fee: _____
Receipt: _____

Note: A reference to 'the Regulation' in this statement is a reference to the Environmental Planning and Assessment Regulation 2000. 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 An annual fire safety statement (complete the declaration at [Section 7](#) of this form)
(mark applicable box) A supplementary fire safety statement (complete the declaration at [Section 8](#) of this form)

Section 2: Building the subject of this statement

Street No. Street Name Suburb Postcode

Lot No (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

No. of storeys above the ground No. of storeys below the ground

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

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

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

Title Given Name/s Family Name

Street No. Street Name Suburb 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

Fire Safety Measure	Date Assessed	CFSP*	Minimum Standard of Performance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Fire Safety Measure	Date Assessed	CFSP*	Minimum Standard of Performance

*insert initials of CFSP

Section 6: Details of competent fire safety practitioners (CFSPs)

The table must include details of:

- Each CFSP who endorsed a fire safety measure referred to in Section 5 of this form
- Each CFSP who inspected the building in accordance with clause 175(b) of the regulation (in a shaded row)

Initial	Given Name/s	Family Name	Phone	Email	Signature

Section 7: Annual fire safety statement declaration

I, (insert full name)

- Being the (mark applicable box) Owner
 Owner's agent

- Certify that
- 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
 - 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
 - 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
 - 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

I, (insert full name)

Being the (mark applicable box) Owner
 Owner's agent

Certify that 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: Owner's authorisation

(To be completed if an agent makes the declaration in Section 7 or Section 8 of this form)

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 Given Name/s Family Name
Phone Email

Section 11: Fire safety schedule

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

Privacy Notice

Council is bound by the provisions of the Privacy and Personal Information Protection Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained and may be available for public access and/or disclosure under various NSW Government legislation.