

Hawkesbury City Council

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fire safety certificate

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 _____
NIL Fee _____
DA/CDC No. _____

Section 1: Type of certificate

This is A final fire safety certificate (complete the declaration at Section 6 of this form)
(mark applicable box) An interim fire safety certificate (complete the declaration at Section 7 of this form)

Section 2: Building the subject of this certificate

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 must be listed for a final fire safety statement
2. All essential fire safety measures for the relevant part of the building must be listed for an interim fire safety certificate

Fire Safety Measure	Status*	Date**	Minimum Standard of Performance



Section 7: Interim fire safety statement declaration

I, (insert full name)

being the (mark applicable box) owner
 owner's agent

certify that

- a) has been assessed by a properly qualified person, and
- b) 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 part of the building to which this certificate relates.

Owner/Agent Name

Owner/Agent Signature

Date

Section 8: Owner's authorisation

(To be completed if an agent makes the declaration in Section 6 or Section 7 of this form)

I, being the owner, authorise the agent named in Section 6 or Section 7 to act on my behalf to make the declaration.

Owner's Name

Owner's Signature

Date

Section 9: Contact details of person issuing this certificate

Title

Given Name/s

Family Name

Phone

Email

Section 10: 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.