

Annual Fire Safety Statement

Environmental Planning and Assessment Regulation 2000
Clauses 175, 176, 177 and 181
FSD.....

OWNERS DETAILS

LOCATION OF BUILDING

Nearest cross street

Does the Annual Fire Safety Statement cover the **whole building** OR **part of the building**
(please tick the relevant box)

OWNER/AGENT'S STATEMENT

I of

certify:

- (a) that each essential fire safety measure specified in this statement has been assessed by a properly qualified person and was found, when it was assessed, to be capable of performing:
 - (i) in the case of an essential fire safety measure applicable by virtue of a fire safety schedule, to a standard no less than that specified in the schedule, or
 - (ii) in the case of an essential fire safety measure applicable otherwise than by virtue of a fire safety schedule, 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 properly qualified person and was found, when it was inspected, to be in a condition that did not disclose any grounds for a prosecution under Division 7.

Essential Fire Safety Measures

FSD

Essential Service Item Description	Standard of Performance

THIS SECTION MUST BE COMPLETED

Owners Contact Details for the Essential Services Register

Phone:

Fax:

Email:

NOTE: The date of assessment of Fire Safety Measures must be within 3 months of this statement being signed.

Date of Assessment	
Date of Statement	
Owner/Agent's Signature	

THE OWNER MUST

1. **SEND** a copy of this statement together with the relevant fire safety schedule to:
 - A. **Tweed Shire Council**
 - B. **The Commissioner of the New South Wales Fire Brigades, Locked Bag 12, Greenacre NSW 2190**

2. **DISPLAY** a copy of this statement together with the relevant fire safety schedule in a prominent location in the building (penalty for failure to display - \$100)