

# FIRE SAFETY STATEMENT FORM 15A - ANNUAL FORM



## LODGEMENT AND PAYMENT OF APPLICATION: You can lodge and pay for your application via



**Council:** City of Canada Bay Civic Centre, 1A Marlborough Street, Drummoyne  
08:30am – 4:00pm Monday – Friday - **Payment by CASH, CHEQUE OR CARD**



**Mail:** City of Canada Bay, Locked Bag 1470, Drummoyne NSW 1470 - **Payment by CHEQUE ONLY.**

**Please note:**

Your application will **NOT** be processed until **FULL** payment has been received.  
If paying by CREDIT CARD, an additional 1.0% processing fee will apply.  
If paying by AMEX CARD, an additional 2.0% processing fee will apply.

## Important Information

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

- An annual fire safety statement wherever an **essential** fire safety measure applies;
- A supplementary fire safety statement, as often as is 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 tick (✓) in the boxes and fill out the blank sections as appropriate.

### Office Use

Fee Paid \$

Receipt No:

Date:

Application Number:

## Application Type (please tick)

Annual Fire Safety Statement Fee \$80 (GST inclusive)

## Description of the Building Being Certified

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

Building Address:

Suburb:

Postcode:

Nearest Cross Street:

This statement is for (please tick):

Part of the building

The whole of the building

Description of the building or part of the building:

Development Application Number (where applicable)

### Assessment of Fire Safety Measures

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

Measure	Standard or performance required by the Fire Safety Schedule	Date of assessment

### 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

### Type of Statement

This is (please tick):  An annual fire safety statement  A supplementary fire safety statement

### Certification - Annual Fire Safety Statement (if applicable)

I  of

Being the owner of the building described above, or the agent of the owner, certify that (please tick):

- Each essential fire safety measure listed above has been assessed by a properly qualified person
- Each essential fire safety measure was found, when it was assessed (please tick):
  - Where an essential fire safety measure applies because it is specified in the fire 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
- 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 has been committed
- The information contained in this statement is true and accurate to the best of my knowledge and belief

**Certification - Supplementary Fire Safety Statement** (if applicable)I  of 

Being the owner of the building described above, or the agent of the owner, certify that (please tick):

- Each of the critical fire safety measures listed above (please tick):
- 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

**Information attached to this statement**

- The current Fire Safety Schedule for the building.

**Signature & Date of Statement**

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

Surname:  First Name: Address: Suburb:  Postcode: The capacity in which you are signing if you are not the owner of the building: Signature:  Date: **Fire Safety Compliance – Fees & charges****2016/17 charge****GST inclusive**

BCA Class 2-3 Effective Height <25m	\$630	YES
BCA Class 2-3 Effective Height >25m	\$1,260	YES
BCA Class 5-9 up to or equal 500m <sup>2</sup> floor area	\$525	YES
BCA Class 5-9 >2000m <sup>2</sup> floor area	\$1,020	YES
Annual Administration Fee	\$80	YES

**Privacy Policy**

You need to provide the information in this statement to 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 Council if the information you have provided in this statement is incorrect or changes.