Supplementary Fire Safety Statement

Under the Environmental Planning and Assessment Regulations 2000 – Division 5, Clause 178

Owner's Details

Name: _____

Address: _____

Identification of Building

Lot: _____ DP/SP: _____ Parish: _____

Street No: _____ Street Name: _____ Township: _____

Declaration

I: _____

of: _____

Certify that:

Each critical fire safety measure specified in the statement has been assessed by a properly qualified person 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 the statement is issued.

Essential/Critical Fire Safety Measures

Measure/Item	Standard of Performance	Assessment Date

Signature: _____ **Date:** _____

FIRE & RESCUE NSW REQUESTS A COPY OF THIS STATEMENT BE PROVIDED ELECTRONICALLY IN PLACE OF A HARD COPY BEING POSTED. EMAIL TO:

afss@fire.nsw.gov.au