

Fire Safety Statement

Part 9 of the Environmental Planning and Assessment Regulation 2000



Please note:

Information to assist building owners to complete each section of the statement is provided on pages 3, 4 and 5.

Section 1: Type of statement

This is (mark applicable box): ☒ an annual fire safety statement (complete the declaration at Section 8 of this form)
☐ a supplementary fire safety statement (complete the declaration at Section 9 of this form)

Section 2: Description of the building or part of the building

This statement applies to: ☒ the whole building ☐ part of the building

Address

1 SKYLINE PLACE, FRENCHS FOREST NSW 2086

Lot No. (if known) DP/SP (if known) Building name (if applicable)

72120

Provide a brief description of the building or part (building use, number of storeys, construction type etc)

6 Lot commercial site.

Section 3: Name and address of the owner(s) of the building or part of the building

Name

The Owners Corporation – Strata Plan 72120 C/- PRD Strata Norwest

Address

PO Box 6191, NORWEST NSW 2153

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Portable Fire Extinguishers	AS 2444-2001	15/03/2024	F027409A
Hose Reel Systems	AS 2441 -1988	15/03/2024	F027409A
Fire Hydrant Systems	AS 2419.1 - 1994	15/03/2024	F027409A
Exit Signs	AS 2293.1 - 1998	15/03/2024	F027409A
Emergency Lighting	AS 2293.1 - 1998 E4 .2	15/03/2024	F027409A
Fire Doors	AS 1905 1 & 2 - 1997	15/03/2024	F027409A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS).

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 9 Division 7)

Part of the building inspected	Date(s) inspected	APFS *
WHOLE BUILDING	15/03/2024	F027409A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS).

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Section 6: Name and contact details of each accredited practitioner (fire safety) (APFS)

Full name	Phone	Email	Accreditation No.*	Signature
REX BARKER	0434 073 017	SALES@SECUREFIREPROTECTION.COM.AU	F027409A	

Section 7: Details of the person making the declaration in section 8 or 9

Full name (Given Name/s and Family Name)

BEN GIBBONS

Organisation (if applicable)

NEIGHBOURLY STRATA

Title/Position (if applicable)

LICENSEE IN CHARGE

Address (Street No, Street Name, Suburb and Postcode)

PO BOX 6191 NORWEST NSW 2153

Phone

02 8880 1040

Email

FIRESAFETY@NEIGHBOURLY.CO

Section 8: Annual fire safety statement declaration

I, BEN GIBBONS ON BEHALF OF SECTION 3 OWNER being the: ☐ owner ☒ owner's agent
declare that:

- a) each essential fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing:
- for an essential fire safety measure specified in the fire safety schedule, to a standard no less than that specified in the schedule, or
 - for an essential fire safety measure applicable to the building but not specified in the 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 an accredited practitioner (fire safety) and was found, when it was inspected, to be in a condition that did not disclose grounds for a prosecution under Part 15 of the Regulation.

Owner/Agent Signature

Benjamin Gibbons

Date issued

05/06/2024

Note:

A current fire safety schedule for the building must be attached to the statement in accordance with the Regulation.

FIRE SAFETY SCHEDULE

CLAUSE 168 ENVIRONMENTAL PLANNING & ASSESMENT REGULATION 2000

FIRE SAFETY MEASURES CURRENTLY IN THE BUILDING

PROPERTY: 1 SKYLINE PLACE, FRENCHS FOREST NSW 2086

MINIMUM STANDARD OF PERFORMANCE

1	Portable Fire Extinguishers	AS 2444-2001
2	Hose Reel Systems	AS 2441 -1988
3	Fire Hydrant Systems	AS 2419.1 - 1994
4	Exit Signs	AS 2293.1 - 1998
5	Emergency Lighting	AS 2293.1 - 1998 E4 .2
6	Fire Doors	AS 1905 1 & 2 - 1997
X		