



12 October 2023

Northern Beaches Council
PO Box 82 Manly NSW 1655 Australia

Att: Development Advisory Service Team

To whom it may concern,

Fire Safety Measures Schedule/Report – 70 South Creek Road, Collaroy (Pittwater House)

Consent is sought for the change of use of an existing childcare to school classrooms on the site of Pittwater House school.

Under Section A of the Governing Requirements, Part A6 of the NCC, schools and childcares are both classified as 9b buildings.

There is no change in Building Classification as a result of this development and therefore a BCA report is not required for its assessment. Ongoing fire safety measures for the building will be in accordance with the annual fire safety certification by Pittwater House School.

We trust that this submission is satisfactory. If you require any further information, please contact me and I will ensure that it is resolved.

Yours sincerely,

A handwritten signature in black ink, appearing to read "S McNeilly", with a long horizontal flourish extending to the right.

Sarah McNeilly

Fire Safety Statement



Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

DG Classroom 5 Demountable - Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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

PO Box 244, Manly, NSW, 1665

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Emergency lighting	Clause E4.2, E4.4 BCA, AS2293.1 - 2005	28/08/2023	F043485A
Exit signs	Clauses E4.5, 4.6, 4.8 BCA, AS2293.1 - 2005	28/08/2023	F043485A
Paths of Travel	Division 7 EP&A Regulations 2000	28/08/2023	F043485A
Portable fire extinguishers	Clause E1.6 BCA, AS2444-2001	28/08/2023	F043485A
Smoke alarms & heat alarms	AS3786-2014	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected

Whole building

Date(s) inspected

28/08/2023

APFS *

F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

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

Full name (Given Name/s and Family Name)

Warren Armstrong

Address

Building G, 350 Parramatta Rd,
Homebush West

Phone

133 166

APFS*

F043485A

Signature

* Where applicable - see notes on page 4 for further information.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)

ANNE-MAREE IRONSIDE

Organisation (if applicable)

PITWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 9981 4400

Email

annemaree.ironside@tphs.nsw.edu.au

* The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that:

- 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
- 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

Am Ironside

Date issued

21/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature

Am Ironside

Date issued

21/11/23

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.

Fire Safety Statement



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

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

61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

DG Classrooms 6 & 7 Demountable – Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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28/08/2023

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

Full name (Given Name/s and Family Name)

Warren Armstrong

Address

Building G, 350 Parramatta Rd,
Homebush West

Phone

133 166

APFS*

F043485A

Signature

* Where applicable – see notes on page 4 for further information.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)

ANNE-MAREE IRONSIDE

Organisation (if applicable)

PITWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 9981 4400

Email

annemaree.ironside@tphs.nsw.edu.au

The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE-MAREE IRONSIDE

(insert full name) being the: owner owner's agent

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- 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

Annemaree Ironside

Date issued

21/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE-MAREE IRONSIDE

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

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

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

74 S CREEK ROAD, COLLAROY, NSW, 2097

Lot No. (if known)	DP/SP (if known)	Building name (if applicable)
		Enrolments Building – Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

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Part of the building inspected	Date(s) inspected	APFS *
Whole building	28/08/2023	F043485A

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Full name (Given Name/s and Family Name)	Address	Phone	APFS*	Signature
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* Where applicable – see notes on page 4 for further information.

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Organisation (if applicable)

PITWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 9981 4400

Email

annemaree.ironside@tphs.nsw.edu.au

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DP/SP (if known)

Building name (if applicable)

PA Classrooms 1-4 Demountable – Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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Date(s) inspected

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Full name (Given Name/s and Family Name)

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Address

Building G, 350 Parramatta Rd,
Homebush West

Phone

133 166

APFS*

F043485A

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Fire Safety Statement



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Organisation (if applicable)

PITTWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 9981 4400

Email

anne.maree.ironside@tpms.nsw.edu.au

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Owner/Agent Signature

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Date issued

21/11/23

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61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

M Block – Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 2 / Stories below ground: 0 / Construction: Type B

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

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Organisation (if applicable)

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Title/Position (if applicable)

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61 WESTMORELAND AVENUE, COLLARROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

Pool House Building – Pittwater House Grammar

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

CLASS 5 office

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

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Full name (Given Name/s and Family Name)

ANNE-MARIE IRONSIDE

Organisation (if applicable)

PITTMAN HOUSE SCHOOL

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SMITH CREEK RD, COLLARBY 2097

Phone

02 9981 4400

Email

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Am Ironside

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26/11/2023

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Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.

Fire Safety Statement



Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

Staff Lounge Building – Pittwater House Grammar

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

CLASS 5 office

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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

PO Box 244, Manly, NSW, 1665

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Paths of Travel	Division 7 EP&A Regulations 2000	28/08/2023	F043485A
Portable fire extinguishers	Clause E1.6 BCA, AS2444-1995	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected	Date(s) inspected	APFS *
Whole building	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

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

Full name (Given Name/s and Family Name)	Address	Phone	APFS*	Signature
Warren Armstrong	Building G, 350 Parramatta Rd, Homebush West	133 166	F043485A	

* Where applicable – see notes on page 4 for further information.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)

ANNE-MAREE IRONSIDE

Organisation (if applicable)

PITWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 99814400

Email

annemaree.ironside@tpns.nsw.edu.au

The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that:

- 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
- 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

Annemaree Ironside

Date issued

21/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature

Annemaree Ironside

Date issued

21/11/23

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.

Fire Safety Statement



Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

Design & Technology Building – Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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

PO Box 244, Manly, NSW, 1665

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Exit signs	Part 24.29 Ordinance 70, AS2293.1 – 1987	28/08/2023	F043485A
Paths of Travel	Division 7 EP&A Regulations 2000	28/08/2023	F043485A
Portable fire extinguishers	Clause E1.6 BCA, AS2444-1995	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected

Whole building

Date(s) inspected

28/08/2023

APFS *

F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

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

Full name (Given Name/s and Family Name)	Address	Phone	APFS*	Signature
Warren Armstrong	Building G, 350 Parramatta Rd, Homebush West	133 166	F043485A	

* Where applicable – see notes on page 4 for further information.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)

ANNE-MAREE IRONSIDE

Organisation (if applicable)

PITWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 9981 4400

Email

annemaree.ironside@tphs.nsw.edu.au

The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) 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:
 - i. for an essential fire safety measure specified in the fire safety schedule, to a standard no less than that specified in the schedule, or
 - ii. 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

Ann Ironside

Date issued

21/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature

Ann Ironside

Date issued

21/11/23

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.

Fire Safety Statement

Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021



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

61 WESTMORELAND AVENUE, COLLARROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

Early Childhood Centre – Pittwater House Grammar

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

CLASS 9b childcare centre

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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

PO Box 244, Manly, NSW, 1665

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Emergency lighting	Clause E4.2 BCA, AS2293.1 - 1998	28/08/2023	F043485A
Exit signs	Clauses E4.5, 4.6, 4.8 BCA, AS2293.1 - 1998	28/08/2023	F043485A
Paths of Travel	Division 7 EP&A Regulations 2000	28/08/2023	F043485A
Portable fire extinguishers	Clause E1.6 BCA, AS2444-2001	28/08/2023	F043485A
Smoke and heat alarms	AS 3786 - 1993	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected

Whole building

Date(s) inspected

28/08/2023

APFS *

F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

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

Full name (Given Name/s and Family Name)	Address	Phone	APFS*	Signature
Warren Armstrong	Building G, 350 Parramatta Rd, Homebush West	133 166	F043485A	

* Where applicable – see notes on page 4 for further information.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)

ANNE-MAREE IRONSIDE

Organisation (if applicable)

PITWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 9981 4400

Email

annemaree.ironside@tphs.nsw.edu.au

The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE-MAREE IRONSIDE

(insert full name) 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:
 - i. for an essential fire safety measure specified in the fire safety schedule, to a standard no less than that specified in the schedule, or
 - ii. 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

Am Ironside

Date issued

21/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE-MAREE IRONSIDE

(insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature

Am Ironside

Date issued

21/11/23

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.

Fire Safety Statement



Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

South, West wing & Administration Building – Pittwater House Grammar

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

CLASS 5 offices / CLASS 9b assembly building

Rise in stories: 3 / Stories below ground: 0 / Construction: Type A

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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

PO Box 244, Manly, NSW, 1665

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Emergency lighting	Part 24.29 Ordinance 70, AS2293.1 – 1983	28/08/2023	F043485A
Exit signs	Part 24.29 Ordinance 70, AS2293.1 – 1983	28/08/2023	F043485A
Fire hydrant systems	Part 27.3 Ordinance 70, AS2441-1983	28/08/2023	F043485A
Hose reel systems	Part 27.4 Ordinance 70 (pre 1988)	28/08/2023	F043485A
Paths of Travel	Division 7 EP&A Regulations 2000	28/08/2023	F043485A
Portable fire extinguishers	Part 27.4.1 Ordinance 70, AS2444-1985	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected	Date(s) inspected	APFS *
Whole building	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)	Address	Phone	APFS*	Signature
Warren Armstrong	Building G, 350 Parramatta Rd, Homebush West	133 166	F043485A	

* Where applicable – see notes on page 4 for further information.

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

Full name (Given Name/s and Family Name)

ANNE-MAREE IRONSIDE

Organisation (if applicable)

PITWATER HOUSE SCHOOL

Title/Position (if applicable)

BUSINESS MANAGER

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

PO 70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 99814400

Email

annemareeironside@tphs.nsw.edu.au

The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent
declare that:

- 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
- 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

Date issued

21/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature

Date issued

21/11/23

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.

Fire Safety Statement

Information to help building owners complete the Fire Safety Statement form



Please note:

The following information has been provided to help building owners complete the fire safety statement template and does not comprise part of the form. The following pages do not have to be displayed in the building and need not be submitted to the local council and the Commissioner of Fire and Rescue NSW.

General

- Please print in CAPITAL LETTERS and complete all relevant sections in full.
- A reference to 'the Regulation' is a reference to the *Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021*.
- An 'APFS' is an accredited practitioner (fire safety) as defined in the Dictionary in the Regulation.
- The completed fire safety statement form must be submitted to both the local council and Fire and Rescue NSW.
- Please contact your local council for further information about how to submit the completed statement.
- Completed statements need to be emailed to Fire and Rescue NSW at afss@fire.nsw.gov.au. For further information about this process, please visit the 'Lodge a fire safety statement' page at www.fire.nsw.gov.au.
- As soon as practicable after issuing the fire safety statement, the building owner must ensure a copy (together with a copy of the current fire safety schedule) is displayed in a prominent location within the building.
- Further information about building fire safety is available on the 'Fire safety in buildings' page of the Department's website at www.planning.nsw.gov.au.

Section 1: Type of statement

- Mark the applicable box to identify if the statement being issued is an annual fire safety statement or a supplementary fire safety statement.
- An annual fire safety statement is issued under Part 12 of the Regulation and relates to each essential fire safety measure that applies to the building.
- A supplementary fire safety statement is issued under Part 12 of the Regulation and relates to each critical fire safety measure that applies to the building.

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

- Mark the applicable box to identify whether the statement relates to the whole building or part of the building.
- In addition to the address and other property identifiers, a brief description of the building or part is to be provided. This could include the use(s) of the building (e.g. retail, offices, residential, assembly, carparking), number of storeys (above and/or below ground), construction type or other relevant information.
- If the description relates to part of a building, the location of the part should be included in the description.

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

- Provide the name and address of each owner of the building or part of the building.
- The owner of the building or part of the building could include individuals, a company, or an owner's corporation.

Section 4: Fire safety measures

- The purpose of this section is to identify all of the fire safety measures that apply to a building or part of a building.
- The statutory fire safety measures are listed in section 79 of the Regulation.
- Fire safety measures include both essential fire safety measures and critical fire safety measures. They include items such as portable fire extinguishers, fire hydrants, fire sprinklers, fire detection and alarm systems and lightweight construction.
- Essential fire safety measures are those fire safety measures which are assessed on an annual basis, while critical fire safety measures are those which are required to be assessed at more regular intervals (as detailed on the fire safety schedule). These terms are defined in the Dictionary in the Regulation.
- For annual fire safety statements, the table in section 4 must list each of the essential fire safety measures that apply to the building or part of the building and the relevant standard of performance. The date(s) on which these measures were assessed and inspected must be within the 3 months prior to the date the annual fire safety statement is issued.

- For supplementary fire safety statements, the table in section 4 must list each of the relevant critical fire safety measures that apply to the building or part and the relevant standard of performance. The date(s) on which these measures were assessed and inspected must be within 1 month prior to the date the supplementary fire safety statement is issued.
- The accreditation number of the APFS who assessed a fire safety measure listed in section 4 must be nominated against the relevant measure(s) in the column titled 'APFS'. If the APFS is not required to hold accreditation, the name of the APFS must be listed. Further information relating to the accreditation of practitioners is provided at section 6.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

- This section applies only to an annual fire safety statement.
- The purpose of this section is to identify that an APFS has inspected the fire safety notices, fire exits, fire exit doors and the paths of travel to fire exits in the building or part of the building and found there has been no breach of Part 15 of the Regulation.
- The table in section 5 must detail the parts of the building that were inspected. The date(s) of the inspection(s) must be within the 3 months prior to the date the annual fire safety statement is issued.
- The accreditation number of the APFS who inspected the whole or part of the building listed in section 5 must be nominated against the relevant part in the column titled 'APFS'. Further information relating to the accreditation of practitioners is provided at section 6.

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

- An APFS is a person engaged by the building owner(s) to undertake the assessment of fire safety measures in section 4 and the inspection of the buildings exit systems in section 5 (for an annual fire safety statement).
- The purpose of this section is to record the name, address and contact details of each APFS who assessed a fire safety measure listed in section 4 or inspected the building or part of the building as specified in section 5.
- Each APFS listed in the table must also sign the fire safety statement. Alternatively, an APFS could provide the building owner or agent with a separate signed document to indicate their assessment of the fire safety measure/s and the relevant standard of performance. In addition, where the relevant practitioner that inspected the matters in section 5 did not sign the fire safety statement, they would need to address section 5 in a separately signed document.
- A building owner must select an APFS from a register of practitioners accredited under an approved industry accreditation scheme. The accreditation number of each relevant APFS must be listed on the form.
- If the building owner has determined the competence of a person to act as a APFS because the Commissioner for Fair Trading is satisfied there are no practitioners accredited under an industry approved accreditation scheme to assess a specific fire safety measure and has authorised the owner to do so, there is no requirement to include an accreditation number on the form.
- Further information about the approved industry accreditation schemes can be found on the 'Fire safety practitioners' page of the NSW Fair Trading website at www.fairtrading.nsw.gov.au.

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

- The purpose of this section of the form is to detail the name, address and contact details of the person who is making the required declaration i.e., the person who completes and signs section 8 or section 9 of the form. This could be the owner(s) of the building or a nominated agent of the owner(s).
- Where a person makes the required declaration on behalf of an organisation (as the owner of the building), the name of the organisation and the title/position of the person must be provided. The person making the required declaration as a representative of the organisation must have the appropriate authority to do so.
- Where a person makes the required declaration on behalf of the owner(s) (as the owner's agent), this person must have the appropriate authority from the building owner(s) to undertake this function.
- In the case of a building with multiple owners, one owner may make the required declaration, however each of the other owners must authorise that owner to act as their agent.
- The person making the required declaration must not be an APFS who is listed in section 6 or their employer/employee or direct associate. This recognises the different roles and responsibilities for building owner(s) and the APFS in the fire safety statement process. This is important because the Regulation makes building owners responsible for declaring that fire safety measures have been assessed and the building inspected (for the purposes of section 5) by an APFS. This ensures that building owners, who are ultimately responsible, remain engaged in the fire safety statement process.

- In addition, only the building owner(s) can determine that a person is competent to perform the fire safety assessment functions where there is no person who holds accreditation.

Section 8: Annual fire safety statement declaration

- The person completing this section is the person who is making the required declaration for the annual fire safety statement in accordance with section 88 of the Regulation and is the same person as detailed in section 7. The person making this required declaration must identify if they are the owner or the owner's agent.
- **In making the required declaration, the building owner or agent is not declaring that each fire safety measure meets the minimum standard of performance, but rather that each fire safety measure has been assessed, and was found by an APFS to be capable of performing to that standard, as listed in section 4. In performing this function, the building owner or owner's agent could obtain documentation from each APFS to verify that the standard of performance has been met, prior to completing the form.**
- The person who makes the required declaration by completing section 8 or section 9 of the form must not be an APFS who was involved in the assessment of any of the fire safety measures, or inspection of the building for the purposes of the statement, or their employer/employee or direct associate. This is to ensure that building owners, who are ultimately responsible, remain engaged in the fire safety statement process.

Section 9: Supplementary fire safety declaration

- The person completing this section is the person who is making the required declaration for the supplementary fire safety statement in accordance with section 90 of the Regulation and is the same person as detailed in section 7. The person making this required declaration must identify if they are the owner or the owner's agent.
- The information provided above in relation to section 8 on what the owner is declaring also applies to a supplementary fire safety statement.

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Fire Safety Statement

Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021



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

61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

Sports Centre – Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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

PO Box 244, Manly, NSW, 1665

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Emergency lighting	Clause E4.2, E4.4 BCA, AS2293.1 - 2005	28/08/2023	F043485A
Exit signs	Clauses E4.5, 4.6, 4.8 BCA, AS2293.1 - 2005	28/08/2023	F043485A
Fire hydrant systems		28/08/2023	F043485A
- water supply to system	Part 27.4 Ordinance 70 (pre 1988)		
- hydrant valve and coverage to building only	Clause E1.3 BCA AS2419.1-2005		
Hose reel systems	Clause E1.4 BCA, AS2441-2005	28/08/2023	F043485A
Paths of Travel	Division 7 EPA Regulations 2000	28/08/2023	F043485A
Portable fire extinguishers	Clause E1.6 BCA, AS2444-2001	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected

Date(s) inspected

APFS *

Whole building

28/08/2023

F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)	Address	Phone	APFS*	Signature
Warren Armstrong	Building G, 350 Parramatta Rd, Homebush West	133 166	F043485A	

* Where applicable – see notes on page 4 for further information.

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

Full name (Given Name/s and Family Name)

ANNE-MAREE IRONSIDE

Organisation (if applicable)

PITWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 9981 4400

Email

annemaree.ironside@tphs.nsw.edu.au

The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent
declare that:

- 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
- 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

Date issued

22/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature

Date issued

21/11/23

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.

Fire Safety Statement



Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

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

Great Hall – Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 3 / Stories below ground: 0 / Construction: Type A

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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

PO Box 244, Manly, NSW, 1665

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Emergency lighting	AS2293.1-1983	28/08/2023	F043485A
Exit signs	AS2293.1-1983	28/08/2023	F043485A
Fire doors	AS1905.1-1984	28/08/2023	F043485A
Hose reel systems	Part 27.3 Ordinance 70, AS2441-1983	28/08/2023	F043485A
Paths of Travel	Division 7 EP&A Regulations 2000	28/08/2023	F043485A
Portable fire extinguishers	Part 27.4.1 Ordinance 70, AS2444-1985	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected	Date(s) inspected	APFS *
Whole building	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)	Address	Phone	APFS*	Signature
Warren Armstrong	Building G, 350 Parramatta Rd, Homebush West	133 166	F043485A	

* Where applicable – see notes on page 4 for further information.

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

Full name (Given Name/s and Family Name)

ANNE - MAREE IRONSIDE

Organisation (if applicable)

PITTWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLAROY 2097

Phone

02 9981 4400

Email

annemaree.ironside@tphs.nsw.edu.au

The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE - MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that:

- 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
- 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

Date issued

21/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE - MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature

Date issued

21/11/23

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.

Fire Safety Statement



Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

61 WESTMORELAND AVENUE, COLLAROY, NSW, 2097

Lot No. (if known)

DP/SP (if known)

Building name (if applicable)

Dance & Drama Building – Pittwater House Grammar

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

CLASS 9b assembly building

Rise in stories: 1 / Stories below ground: 0 / Construction: Type C

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

Full Name (Given Name/s and Family Name) *

PITTWATER HOUSE GRAMMAR

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

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

PO Box 244, Manly, NSW, 1665

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
Emergency lighting	Clause E4.2, E4.4 BCA, AS2293.1 - 2005	28/08/2023	F043485A
Exit signs	Clauses E4.5, 4.6, 4.8 BCA, AS2293.1 - 2005	28/08/2023	F043485A
Paths of Travel	Division 7 EP&A Regulations 2000	28/08/2023	F043485A
Portable fire extinguishers	Clause E1.6 BCA, AS2444-2001	28/08/2023	F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected

Whole building

Date(s) inspected

28/08/2023

APFS *

F043485A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

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

Full name (Given Name/s and Family Name)

Address

Phone

APFS*

Signature

Warren Armstrong

Building G, 350 Parramatta Rd,
Homebush West

133 166

F043485A

* Where applicable – see notes on page 4 for further information.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

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

Full name (Given Name/s and Family Name)

ANNE-MAREE IRONSIDE

Organisation (if applicable)

PITWATER HOUSE

Title/Position (if applicable)

BUSINESS MANAGER

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

70 SOUTH CREEK RD, COLLARBY 2097

Phone

0299814400

Email

annemaree.ironside@tphs.nsw.edu.au

* The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) 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:
 - i. for an essential fire safety measure specified in the fire safety schedule, to a standard no less than that specified in the schedule, or
 - ii. 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

AM Ironside

Date issued

21/11/23

Section 9: Supplementary fire safety statement declaration

I, ANNE-MAREE IRONSIDE (insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature

AM Ironside

Date issued

21/11/23

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.