## **Fire Safety Statement**



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

Section 1: Type of statemen	nt			
This is (mark applicable box): 🗸	an annual fire safety statement (complete	the declaration at Section	n 8 of this form)	
	a supplementary fire safety statement (co	emplete the declaration at	Section 9 of this form	)
Section 2: Description of th	e building or part of the building			
This statement applies to: 🗸 the v	whole building  part of the building			
Address (Street No., Street Name,	Suburb and Postcode)			
14 CROSS STREET BROOKVALE	NSW 2100			
Lot No. (if known) DP/S	SP (if known)	Building Name (if applicable)		
	S	SHORE COMMERCIAL PROPERTY - SHORI012		
Provide a brief description of the b	building or part (building use, number of s	toreys, construction type	etc)	
PART: WHOLE BUILDING BUILDING USE: CLASS 8 CONSTRUCTION TYPE: TYPE C STORIES ABOVE GROUND: 1 STORIES BELOW GROUND: 0				
Section 3: Name and addre	ss of the owner(s) of the building	g or part of the build	ing	
*Where the owner is not a person/s but an Address (Street No., Street Name, Section 4: Fire safety meas		me of that entity,		
Fire safety measure	Minimum standard of performa	Minimum standard of performance		APFS*
EXIT SIGNS	BCA E4.5 – E4.8		02/08/2023	F044079A
PORTABLE FIRE EXTINGUISHERS	S AS 2444 – 2001	AS 2444 – 2001		F044079A
	e exits and paths of travel to fire		ded if required.	
Part of the building inspected	- PEDITION OF THE PETER - ** STORE STORE - PETER - PET		Date(s) Inspected	APFS*
PATH OF TRAVEL & DISCHARGE	TO EXIT - EGRESS VIA FRONT ENTRAN	CE	02/08/2023	F044079A
*See notes on page 4 about how to correct	ly identify an accredited practitioner (fire safety) (AF	PFS). Also, new rows can be add	ded if required.	and the second s
Section 6: Name and contact	ct details of each accredited pra	ctitioner (fire safety)	(APFS)*	
Full name (Given Name/s and Fam	ily Name) Address	Phone	APFS* Sigr	ature
GREGORY BRIEN	4/8-9 Tilley Lane, Frenchs Forest, NSW 2086	02 8669 9100	F044079A	Gh
* Where applicable are notes on page 4 for	or forther information			

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

Full name (Given Name/s and Family Name)	
Pravin Vala	
Organisation (if applicable)	Title/Position (if applicable)
Shore Commercial	Asset Manager
Address (Street No, Street Name, Suburb and Postcode) 477 Pittwater Raad,	Brookvale
Phone	Email
02 9932 3411	provin @ shovecp-com au
* The person making the declaration in section 8 or 9 must not be an APFS listed in s	section 6 or their employer/employee or direct associate.
declare that:  a) each essential fire safety measure specified in this statement has performing:  i. for an essential fire safety measure specified in the fire safety ii. for an essential fire safety measure applicable to the building which the measure was originally designed and implement	ire safety) and was found, when it was inspected, to be in a condition that did
Owner/Agent Signature	Date issued
Male	24/10/2023
Section 9: Supplementary fire safety statement decla	ration
1. Pravier Vala	nsert full name) being the: Owner Owner's agent
1	ent has been assessed by an accredited practitioner (fire safety) as capable of y schedule for the building.
Owner/Agent Signature	Date issued
malg	24/10/2023

## 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.