# Fire Safety Certificate

Approved under the Environmental Planning and Assessment Regulation 2000.

Version 2.0 Effective from 1 December

## How to complete this form

- 1. Please print in CAPITAL LETTERS.
- 2. Please complete all relevant sections in full.

	Type of certific				
This is (mar	k applicable box)	☐ a final fire safety certification	ate (complete the declaration at §	Section 6 of this form)	
		$\ \square$ an interim fire safety cer	tificate (complete the declaration	at Section 7 of this form)	
Section 2:	Building the su	ubject of this certificat	e		
Street No.	Street No. Street Name		Suburb	Postcode	
52	BUNGAN F	IEAD ROAD	NEWPORT	2106	
Lot No (if known) DP/SP (if known)		nown)	Building Name (if applicable)		
This certifica	ate applies to (mark	applicable box) X the wh	ole building		
		□ part of	the building		
		,	<b>3</b>		
Section 3:	Description of	building or part the sul	eject of this certificate		
Storeys above ground in the building (No.)  Storeys below ground in the building (No.)					
2			0		
If this certific	cate relates to a par	rt of the building – describe t	hat part and its location in the bu	ilding	
Uses of build	ding or part the sub	ject to this certificate (e.g. re	etail, offices, residential, assembl	y, carparking)	
RESIDE	ENTIAL AND	CARPARK (GARAC	SE)		
		<u> </u>			
Section 4:	Name and add	ress of the owner of th	e building or part		
Title	Given Name/s		Family Name		
MS	REBECCA		STEVENS		

Suburb

**NEWPORT** 



Street No.

52

Street Name

**BUNGAN HEAD ROAD** 

Postcode

2106

#### **Section 5: Fire Safety Measures**

- 1. All essential fire safety measures for the building must be listed for a final fire safety certificate
- 2. All essential fire safety measures for the relevant part of the building must be listed for an interim fire safety certificate

Fire Safety Measure Status\* Date\*\* Minimum Standard of Performance Wall Drenches AS2118.2 Fire Door AS1905.1 BCA C3.4 AS2444 BCA E1.6 Fire Extingishers

### Notes

A fire safety certificate must generally deal with all essential fire safety measures in the current fire safety schedule for the building. However, the certificate need not deal with any measure the subject of other fire safety certificates or fire safety statements issued within the previous 6 months. The assessment of a measure must have been carried out within 3 months prior to the date on which this fire safety certificate is issued.



<sup>\*</sup> Indicate whether the measure is new (N), existing (E) or modified (M)

<sup>\*\*</sup> Date (DD-MM-YYYY) measure was assessed by a properly qualified person

Section	on 6: Final fire safety	certificate declaration						
I, Click here		(insert	full name)					
being the (mark applicable box) X owner								
		□ owner's agent						
certify that each essential fire safety measure specified in this certificate:								
a)	a) has been assessed by a properly qualified person, and							
b)	b) was found, when it was assessed, to be capable of performing to at least the standard required by the current							
	fire safety schedule for t	safety schedule for the building for which this certificate is issued.						
Owner/	Agent Name		Owner/Agent Signature	Date				
Section	on 7: Interim fire safe	ety certificate declaration	on					
I, Click	here	(inse	rt full name)					
being tl	ne (mark applicable box)	□ owner						
$\square$ owner's agent								
certify t	hat each essential fire saf	fety measure specified in this of	certificate:					
a)	a) has been assessed by a properly qualified person, and							
b)	b) 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 part of the building to which this certificate relates.							
Owner/Agent Name			Owner/Agent Signature	Date				
Section 8: Owner's authorisation (To be completed where an agent makes the declaration in Section 6 or Section 7 of this form)  I, being the owner, authorise the agent named in Section 6 or Section 7 to act on my behalf to make the declaration.  Owner's Name  Owner's Signature  Date								
Section 9: Contact details of person issuing this certificate								
Title Given Name/s			Family Name					
			•					
Phone			Email					

# Section 10: Fire safety schedule

A current fire safety schedule for the building must be attached to this certificate.

