

Fire Safety Statement



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

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)

11 BOOLA PLACE CROMER NSW 2099

Lot No. (if known)	DP/SP (if known)	Building Name (if applicable)
		NORTHSIDE FABRICATIONS

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

PART: WHOLE BUILDING
BUILDING USE: UNKNOWN (COMMERCIAL)
CONSTRUCTION TYPE: UNKNOWN
STORIES ABOVE GROUND: 2
STORIES BELOW GROUND: 0

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) *

BKK Property Investments Pty Ltd

* 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)

C/- Upstate Commercial Level 1, Suite 15, 888 Pittwater Road Dee Why NSW 2099

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS*
FIRE BLANKETS	AS 2444 - 2001	20/03/2023	F044074A
PORTABLE FIRE EXTINGUISHERS	AS 2444 - 2001	20/03/2023	F044074A

* 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*
PATH OF TRAVEL & DISCHARGE TO EXIT - PATHS STAIRS AND EXITS FROM OFFICES AND FACTORY	20/03/2023	F044074A

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

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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)	Address	Phone	APFS*	Signature
JEREMY FENTON	4/8-9 Tilley Lane, Frenchs Forest, NSW 2086	02 8669 9100	F044074A	

* 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)
Upstate Commercial

Organisation (if applicable) Title/Position (if applicable)

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

Phone Email

9939 6788 commercialinvoices@upstate.com.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, Upstate Commercial (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 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	Date issued
	17/06/23

Section 9: Supplementary fire safety statement declaration

I, _____ (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

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.