### **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):					
a supplementary fire safety statement (complete the declaration at <u>Section 9</u> of this form)					
Section 2: Description o	of the building or part of the buildir	ng			
This statement applies to: 🔽	the whole building  part of the building				
Address (Street No., Street N	ame, Suburb and Postcode)				
18 WAINE STREET FRESHW.	ATER NSW 2096				
Lot No. (if known)	DP/SP (if known)	Building Name (if applicable)			
		TYLINA OPERATIONS P/L			
Provide a brief description of the building or part (building use, number of storeys, construction type etc)					
PART: WHOLE BUILDING BUILDING USE: UNKNOWN CONSTRUCTION TYPE: UNK STORIES ABOVE GROUND: STORIES BELOW GROUND:	NOWN 2				

#### 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) \*

#### Pauterson Pty Ltd

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

#### 97 Lauderdale Av, Fairlight NSW 2094

#### Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS*
EMERGENCY LIGHTING	AS 2293.1 - 2005	18/07/2023	F044074A
EXIT SIGNS	AS 2293.1 - 2005	21/04/2023	F044074A
FIRE HOSE REEL SYSTEMS	AS 2441 - 2005	18/07/2023	F044074A
PORTABLE FIRE EXTINGUISHERS	AS 2444 - 2001	18/07/2023	F044074A

<sup>\*</sup> 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 - EXITS FROM GROUND AND L1 UNITS TO STREET	21/04/2023	F044074A

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

<sup>\*</sup> 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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Section 6: Name and contact details of each accredit	ted 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 9	9100	F044074A	1	
* Where applicable - see notes on page 4 for further infor	mation.					
Section 7: Details of the person mal	king the declaration in	section 8 o	r 9 #			
Full name (Given Name/s and Family Name)						
James Mason						
Organisation (if applicable)		Title/Position				
Sweetnams Real	Estate	Pro	perty Ma	ınager		
Address (Street No, Street Name, Suburb and	d Postcode)					
375 Sydney Ro	oad, Balgowlah					
Phone		Email				
02 9902 5000		mas	son@sw	eetnams.co	m.au	
$^{\it \#}$ The person making the declaration in section 8 or 9 mu	st not be an APFS listed in section 6	or their employer	/employee or d	lirect associate.		
Section 8: Annual fire safety statement declaration  I, James Mason						
fullar.			19	/07/2023		
Section 9: Supplementary fire safety statement declaration  I, James Mason (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						
fullar.				19/07/2023		

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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.