**Agent/Owner Details:**

|  |
| --- |
| Title:       |
| Family Name:        | Given Name/s:       |
| Company/Organisation (if applicable):       |
| Note: If you are not the owner of the building please state your role:      |
| Unit/Street No.:        | Street:       |
| Suburb:       | Postcode:       |
| Email Address:       |
| Phone:       | Mobile:        |

**Owners Details (if not provided above)**

|  |
| --- |
| Title:       |
| Family Name:        | Given Name/s:       |
| Email Address:       |
| Phone:       | Mobile:        |
| Title:       |
| Family Name:        | Given Name/s:       |
| Email Address:       |
| Phone:       | Mobile:        |

**Identification of Building**

|  |  |
| --- | --- |
| Unit/Street No.:        | Street:       |
| Suburb:       | Postcode:       |
| Lot Number (if known):       | DP/SP (if known):       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Certificate Required:** | Interim |  | Final |  |
| **Particulars of Building** | Whole Building |  | Part of Building |  |
| Description of Part of the building ( where applicable):       |

**Essential Fire Safety Measures**

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| --- | --- | --- |
| **Measure** | **Date Assessed** | **Standard of Performance** |
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**Applicant Declaration**

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| --- |
| I certify that:1. Each of the essential fire safety measures specified in the current fire safety schedule for the building (or part) to which this certificate relates;
* Has been assessed by a properly qualified person, and;
* 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 building for which the certificate is issued
1. The information contained in this certificate is, to the best of my knowledge and belief, true and accurate.
 |
| Owner/Agent Name:       |
| Signature: | Date:       |
| * A copy of this certificate (together with a copy of the fire safety schedule) must be forwarded to the Council and the Fire Commisioner of the New South Wales Fire Brigades Fire Safety Division, Locked Bag 12, GREENACRE NSW 2190 or email afss@fire.nsw.gov.au
* A copy of the statement \*together with a copy of the fire safety schedule must be prominently displayed in the building.
 |
| ESS Number: ESS/      | *Office Use Only* |