

## 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

### Section 1: Type of Certificate

- This is: (mark applicable box ✓)
- A final fire safety certificate (complete the declaration at [Section 6](#) of this form)
- An interim fire safety certificate (complete the declaration at [Section 7](#) of this form)

### Section 2: Building the subject of this certificate

Street No.	Street Name	Suburb	Postcode
Lot No.	Deposited Plan / Strata Plan	Building Name (if applicable)	

- This certificate applies to:  
(mark applicable box ✓)
- The whole of the building
- Part of the building

### Section 3: Description of the Building or Part of the Building the subject of this Certificate

Storeys above ground in the building (No.)	Storeys below ground in the building (No.)	Class of Building
If certificate relates to a part of the building – describe that part and its location in the building		
Uses of building or part the subject to this certificate (e.g. retail, offices, residential, assembly, car parking)		

### Section 4: Address and name of the owner of the building or part

Street No.	Street Name	Suburb	Postcode
Title	Given Name/s	Family Name	

**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

**Notes**

- \* Indicate whether the measure is new (N), existing (E) or modified (M)
- \*\* Date (DD-MM-YYYY) measure was assessed by a properly qualified person

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.

**Section 6: Final fire safety certificate declaration**

I, \_\_\_\_\_ (insert full name)

- Being the (mark applicable box ✓)
- Owner
  - Owner's Agent

certify that each essential fire safety measure specified in this certificate:

- a. has been assessed by a properly qualified person, and
- 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 building for which this certificate is issued

Owner / Agent Name	Owner / Agent Signature	Date

**Section 7: Interim fire safety certificate declaration**

I, \_\_\_\_\_ (insert full name)

being the: (mark applicable box ✓)  Owner  
 Owner's Agent

certify that each essential fire safety measure specified in this certificate:

- a. has been assessed by a properly qualified person, and
- 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 by 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: _____
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**Section 10: Fire safety schedule**

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

## Instructions for Submitters

Payment of the registration fee must be paid.

Certificates will be checked at lodgement to ensure the required information is provided.

**Incomplete or Illegible Certificates will not be accepted and will be returned to you.**

**Lodge by Email:** [council@innerwest.nsw.gov.au](mailto:council@innerwest.nsw.gov.au)

**Lodge in person:** at any of the Inner West Council's Customer Service Centres:

Ashfield - 260 Liverpool Road, Ashfield.

Leichhardt - 7-15 Wetherill St, Leichhardt.

Petersham - 2-14 Fisher Street Petersham.

Opening hours are Monday - Friday, 8:30am-5:00pm.

Cashiering 8:30am-4:30pm.

Check opening hours at [www.innerwest.nsw.gov.au/contact us](http://www.innerwest.nsw.gov.au/contact-us).

**Lodge by mail:** Inner West Council, PO Box 14, PETERSHAM NSW 2049

**Fees & Charges:** can be found on the council web site [www.innerwest.nsw.gov.au/feesandcharges](http://www.innerwest.nsw.gov.au/feesandcharges)

**Cheques are to be made payable to:** Inner West Council

**Credit Card:** Please use the Inner West Council Credit Card Payment Form.

## Office Use Only

Checked by Officer:		Receipt No:	
Date:		Amount Paid:	\$
DWS No/CRN/Certificate number if applicable:		Cashier Code:	
		Initial of Officer:	