

ANNUAL FIRE SAFETY STATEMENT REQUEST FOR A STAY OF INFRINGEMENT



Protecting your Privacy - Newcastle City Council is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and Council's Privacy management Plan.

Purpose: This information is a requirement as part of Council's management of Fire Safety Statements.

Intended recipients: Regulatory Services

Supply: Legally required.

Consequence of non-provision: Your application will be refused.

Storage and Security: Your information will be stored in an electronic database and will only be available to delegated officer of Newcastle City Council.

Access: Your information can be checked for accuracy by calling (02) 4974 2000.

About this form

This form should be completed where an Annual or Supplementary Fire Safety Statement cannot be submitted by the due date because a complete statement cannot be issued because repairs are required.

How to complete this form

- 1 Please note that all fields on this form must be completed or this request will not be granted.
- 2 If space below is insufficient, please attach relevant information and the inclusion of this information on this form under the relevant Part heading.
- 3 Once completed you can submit this form by email, fax, and mail or in person. Please refer to Section 9: Lodgment Details for further information.

Application No	FS20 ___ ___ / ___ ___ ___
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SECTION 1 - IDENTIFICATION OF BUILDING

Address	No.	Street					
	Suburb/Town		State	Postcode			
Building Name <i>(if known)</i>		Lot No <i>(if known)</i>		DP/SP <i>(if known)</i>			
The Annual Fire Safety Statement relates to the following type of building (tick appropriate box):							
<input type="checkbox"/>	Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Mixed Building Use
<input type="checkbox"/>	Other If other, give description _____						

SECTION 2 - DETAILS OF BUILDING OWNER/PERSON ACTING FOR THE BUILDING OWNER

Given Name/s*		Family Name*		
Organisation Name <i>(if applicable)</i>				
Postal Address	Street			
	Suburb / Town		State	Postcode
Note* Before this application can be lodged at least one of the modes of contact below must be supplied				
Home No		Mobile No		Business No
Fax No		Email address		

SECTION 6 - RISK MANAGEMENT (Complete this part if there is a delay with the issue of the Annual Fire Safety Statement)

I advise that a risk assessment has been undertaken and until all necessary works have been completed a management strategy has been implemented to mitigate the identified potential risks to people's health and safety.

Name of Building Owner/Person Acting for the Building Owner

Signature



SECTION 7 - REQUIRED ATTACHMENTS TO BE SUBMITTED WITH THIS FORM (Applicant to provide the following information)

Annual Fire Safety Statement (highlighting any defective items)

A Program of Works (is a detailed description of work needed, person engaged to complete work and when work will be completed)

SECTION 8 - BUILDING OWNER/PERSON ACTING FOR THE BUILDING OWNER

I declare that the information contained in this statement is, to the best of my knowledge and belief, true and accurate.

Name of Building Owner/Person Acting for the Building Owner

Signature



SECTION 9 - LODGEMENT DETAILS

You can lodge the completed form by:

Mail: Regulatory Services
Newcastle City Council
PO Box 489
NEWCASTLE NSW 2300

Fax: (02) 4974 2222

Email: mail@ncc.nsw.gov.au

In Person: 282 King Street, Newcastle Monday - Friday 8.30am - 5.00pm

SECTION 10 - GENERAL ENQUIRIES

For general enquiries regarding Council's Fire Safety Program please ask to talk to our Regulatory Services Team by telephoning: (02) 4974 2000 or by emailing: mail@ncc.nsw.gov.au or via Council's website: www.newcastle.nsw.gov.au