## Fire Safety Certificate

*Issued pursuant to clause 170 & 174 Environmental Planning and Assessment Regulation 2000*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of certificate** |  |  [ ]  Interim  | [x]  Final |
| **Owner / Owner’s Agent** |  | I,  |
| **Address** |  | Of, **Certify that:**1. that each essential fire safety measure listed in the attached fire safety schedule for the building to which this certificate relates:
* has been assessed by an appropriately 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, and
* the information contained in this certificate is, to the best of my knowledge and belief, true and accurate.
 |
| **Location & identification of building** |  | *Address:**nearest cross street:*  |  |
| **Description of the building** |  | *whole / part:**description of part:* | [ ]  Whole [x]  Part |
| **Date of certificate**  |  | Dated: / /  |
| **Signature** |  | ………………………………………………………………………………………………… |

**Fire Safety Schedule**

**Essential Fire Safety & Other Measures forming part of this certificate:**

|  |  |  |
| --- | --- | --- |
| **Fire Safety Measure** | **Standard of performance** | **Date of Assessment** |
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*\* Indicate* ***“Date of Assessment”*** *for items that have been installed or modified, or enter* ***“N/M - Not modified”*** *for items that are not modified as part of the works for this project.*

**Confirmation of Non-Modified Essential Fire Safety Measures**

All essential fire safety measures marked as ***“Not modified”*** in the above Table have been assessed by appropriately qualified people as part of this development; and it has been determined that the measures marked as ***“Not modified”*** ***are not required to be modified*** as part of the works completed

**Existing Essential Fire Safety & Other Measures NOT FORMING part of this certificate**

|  |  |  |
| --- | --- | --- |
| **Fire Safety Measure** | **Standard of performance** | **Currently Implemented (**✓**)** |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |
|  |  | ✓ |

*The dates of assessment for existing essential fire safety measures installed in the building (as provided by the Applicant with the Application Form) that do not form part of this certificate are attached herewith.*