

# **ANNUAL FIRE SAFETY** STATEMENT REQUEST TO STAY PENALTY NOTICE(S)

#### **About this form**

This form should be completed due to legitimate unanticipated events/circumstances where an annual or supplementary fire safety statement cannot be submitted by the due date. An extension longer than 6 weeks from the due date of the statement is not likely to be supported.

ANNUAL FIRE SAFETY STATEMENT REFERENCE NUMBER							
Your reference number is on the top right corner of Council's reminder letter 23.							
<ul> <li>How to complete this form</li> <li>All fields on this form are mandatory and must be completed or this request will not be granted.</li> <li>Fees and charges will be required in accordance with Council's adopted fees and charges.</li> <li>Once completed save the form as a PDF file. You must submit this form electronically by email.</li> </ul>							
1 PROPERT	Y/SITE DE	TAILS					
Lot:		Section:		DP/SP:			
House No:		Street:					
Suburb:							
Type of Buildin	ng						
Commercial:			Industrial:		Mixed	use:	
Other (please sp	pecify):						
2 APPLICAN	IT DETAIL	.S					
Name/Company	<b>/</b> :				Phone:		
Contact Name:					Mobile:		
Postal Address:							
Email:							
<b>Note:</b> All enquires and correspondence relating to this Application will only be discussed with or directly through the nominated contact.							
3 OWNER DI	ETAILS						
Name/Company	<b>/</b> :				Phone:		
Contact Name:					Mobile:		
Postal Address:							
Email:							

**6**0000

4	EXPLANATION WHY A CO CANNOT BE SUBMITTED	MPLIANT	ANNUAL/SUPPLEMENT	ARY FIRE	SAFETY STATEM	/IENT
•	Provide reasons why an Annual/ Division 5 of the Environmental Attach any relevant reports that	Planning a	nd Assessment Regulation			art 9
5	ESSENTIAL FIRE SAFETY MI PROPOSED CORRECTIVE A		- SUMMARY OF DEFECT	TIVE FIRE SA	AFETY MEASURE	AND
Ide		CTION e/s requiri				
Ide	PROPOSED CORRECTIVE A entify below the fire safety measures.	CTION re/s requiri d.		actions to be		natior
Ide	PROPOSED CORRECTIVE A entify below the fire safety measurement when this action will be complete	CTION re/s requiri d.	ng repairs or investigation,	actions to be	taken and an estim	natior
Ide	PROPOSED CORRECTIVE A entify below the fire safety measurement when this action will be complete	CTION re/s requiri d.	ng repairs or investigation,	actions to be	taken and an estim	natior
Ide	PROPOSED CORRECTIVE A entify below the fire safety measurement when this action will be complete	CTION re/s requiri d.	ng repairs or investigation,	actions to be	taken and an estim	natior
Ide	PROPOSED CORRECTIVE A entify below the fire safety measurement when this action will be complete	CTION re/s requiri d.	ng repairs or investigation,	actions to be	taken and an estim	natior
Ide	PROPOSED CORRECTIVE A entify below the fire safety measurement when this action will be complete	CTION re/s requiri d.	ng repairs or investigation,	actions to be	taken and an estim	natior
Ide	PROPOSED CORRECTIVE A entify below the fire safety measurement when this action will be complete	CTION re/s requiri d.	ng repairs or investigation,	actions to be	taken and an estim	natior
Ide	PROPOSED CORRECTIVE A entify below the fire safety measurement when this action will be complete	CTION re/s requiri d.	ng repairs or investigation,	actions to be	taken and an estim	natior
Ide	PROPOSED CORRECTIVE A entify below the fire safety measurement when this action will be complete	CTION re/s requiri d.	ng repairs or investigation,	actions to be	taken and an estim	natior

#### 6 APPLICANTS ACKNOWLEDGEMENT OF RESPONSIBILITIES DECLARATION

### **Risk Management:**

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 risk to people's health and safety.

# I certify that -

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

- A copy of the fire safety schedule for the building is attached.
- A copy of the interim Annual Fire Safety Statement is attached (only if applicable).

A copy of all reports relied upon in this application are attached.

Applicant's Name:	Applicant's Signature:	Date:

## PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

**Purpose of collection**: We are collecting your personal information in order to enable Council to assess this application in accordance with the *Local Government Act 1993*.

Intended recipients: The intended recipient of the information is Kiama Municipal Council.

**Supply:** While the supply of this information is voluntary, the personal information you provide will enable Council to assess this application in accordance with the *Local Government Act 1993*. If you cannot provide this information, Council will be unable to process your application(s).

**Access/Correction:** The personal information can be accessed by you and may be available to third parties in accordance with the *Government Information (Public) Access Act* and Council's Privacy Management Plan.

Your personal information may be disclosed to third parties for the purpose of compliance with the *Government Information (Public) Access Act*, Council's Privacy Management Plan or if otherwise required by law.

You may make an application for access or amendment to personal information held by Council. We will consider any such application in accordance with the *Privacy and Personal Information Protection Act 1998*.

**Storage:** Kiama Council is the agency that holds the personal information. Council may be contacted on 02 4232 0444, or by email to: council@kiama.nsw.gov.au or at 11 Manning Street, Kiama. NSW. 2533.