

Property Details	
Property Address	31 Nagle St EAST WAGGA WAGGA NSW 2650
Legal Description	Lot 33 DP 1129644 Lot 34 DP 1129644
Application No	CC20/0048 - Proposed depot & office space for removalist & storage business
Owners Details	Australian Furniture Relocations Pty Ltd

Schedule of Fire Safety Measures in the building:

Essential Fire Safety Measures	Standard of Performance Design & Installation Standard	Existing	Proposed
Emergency Lighting	BCA 2019 Clauses E4.2 and E4.4; AS2293.1-2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exit Signs	BCA 2019 Clauses E4.5, E4.6 and E4.8; AS2293.1-2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire Hose Reels	BCA 2019 Clause E1.4; AS2441-2005	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Portable Fire Extinguisher	BCA 2019 Clause E1.6; AS2444 - 2001	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Wagga Wagga City Council, Cnr Baylis & Morrow Streets, WAGGA WAGGA NSW 2650, PO Box 20, WAGGA WAGGA NSW 2650. Tel: 1300 292 442 Fax: (02) 6926 9199 Email: council@wagga.nsw.gov.au Web: www.wagga.nsw.gov.au

Fire Safety Certificate Form

Division 4, Section 170-174
Environmental Planning & Assessment Regulation 2000

OFFICE USE ONLY

Date of Receipt _____

DA, CDC, Order # _____

The owner of a building, or the owner's agent, needs to provide a fire safety certificate to the certifying authority (a Council or Private Certifier) with an application for an occupation certificate. You can use this form to do so.

A copy of the statement also needs to be given to the Commissioner of New South Wales Fire Brigades and displayed in the building in a prominent position.

DETAILS OF THE BUILDING BEING CERTIFIED

Owner/s Name (of the building or part of the building) _____

Address _____

Suburb _____ Postcode _____

Nearest cross Street _____

This statement is for: ☐ part of the building ☐ the whole of the building

Description of the building or part of the building

CERTIFICATION

I/We _____

Of _____

Being the owner/s of the building described above, or the agent of the owner, certify that::

- ☐ each of the essential fire safety measures listed below:
- ☐ has been assessed by a properly qualified person, and
 - ☐ was found, when it was assessed by that person, to be capable of performing to at least the standard required by the current fire safety schedule for the building;
- ☐ the information contained in this statement is true and accurate to the best of my knowledge and belief.

ASSESSMENT OF FIRE SAFETY MEASURES

List each essential or critical fire safety measure, specified in the Fire Safety Schedule for the building.

Measure/Item	Standard of performance required by the fire safety Schedule	Date of Assessment

SIGNATURE

The owner/s of the building, or the owner's agent must complete and sign the statement.

Signature/s

Name/s

Address

Contact Phone Number

The capacity in which you are signing if you are not the owner of the building