



FINAL / INTERIM FIRE SAFETY CERTIFICATE

Certification of NEW fire safety measures i.e. new installations

Made under the Environmental Planning and Assessment Regulation 2000 Part 9, Division 4

Interim Final (Applicant to nominate)

Address of Building: _____

Particulars of building: _____

Part Certificate Whole Certificate

Description of Part (if applicable): _____

Owner's / Agent's Name: _____

Owner's / Agent's Address: _____

Owner's / Agent's Contact Person: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

I CERTIFY THAT

each essential/critical fire safety measure specified in the current fire safety schedule for the building to which the certificate relates:

- 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 the certificate is issued
- c) the information contained in this certificate is, to the best of my knowledge and belief, true and accurate.

A copy of this Statement was forwarded to NSW Fire Brigades on _____

Name: _____ Signed: _____ Date: _____

NOTE: A copy of this Statement is to be prominently displayed in the building.

