

CITY OF RYDE

Fire Safety Certificate (Form 15)

Environmental Planning and Assessment Regulation 2000, Part 9 Division 4

Type of Certificate

Interim

Final

Details of Building

Address:

Street no. _____ Street name _____

Suburb _____ Lot no. _____ DP/SP _____

Particulars of Building:

Whole/Part _____ Description _____

Owner's Details:

Name _____

Address _____

Assessment of Fire Safety Measures

Measure

Standard of Performance

Date of Assessment

Certification

I _____

of _____

being the owner of the building described above certify that;

- a) each of the essential fire safety measures listed above:
- has been assessed by a properly 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 for the building, for which the certificate is issued.
- b) the information contained in this certificate is, to the best of my knowledge and belief, true and accurate.

Signature

Owner

Date

- ❖ A copy of the current fire safety schedule for the building is to be attached to this certificate.
- ❖ A copy of this certificate together with the relevant fire safety schedule must be forwarded to the Council and the Commissioner of the New South Wales Fire Brigades.
- ❖ A copy of this certificate together with the relevant fire safety schedule must be prominently displayed in the building.