

# Annual Fire Safety Statement Request for a Stay of Penalty Infringement Notice 23/24



If you need help lodging your form, contact us		
Email	council@northernbeaches.nsw.gov.au	
Phone	1300 434 434	
Customer Service Centres	Manly Town Hall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107

Office use only	
Form ID	2099
TRIM Ref	C001673
Last Updated	June 2023
Business Unit	Environmental Compliance
Application No.	
Receipt No.	

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

## Part 1: Details of Building Owner/s or Person Acting on Behalf of Building Owner/s

Given name/s		
Family name/s		
Name of Company/Business		
Address Company/Business		
Phone	Mobile	
Email		

## Part 2: Building Owner/s Details (If Not Provided Above)

Given/Company name/s		
Family name/s		
Name of Company/Business		
Address Company/Business		
Phone	Mobile	
Email		

## Part 3: Property Details

Address			Post Code	
	Legal Property Description	Lot:	Section:	DP/SP:

## Part 4: Application Fee(s)

A fee applies to consider your request for the Stay of Penalty Notice for the Annual Fire Safety Statement where the due date has not expired. This fee is associated with the Council's Fees and Charges. Please note: Council will not consider this request if there are outstanding fees on your account associated with AFSS lodgements.	\$450	<input type="radio"/>
A fee applies to consider your request for the Stay of Penalty Notice for the Annual Fire Safety Statement where the due date has expired. This fee is associated with the Council's Fees and Charges. Please note: Council will not consider this request if there are outstanding fees on your account associated with AFSS lodgements.	\$800	<input type="radio"/>

## Part 5: Fire Safety Statement Details

Council's AFSS Reference Number:				
Statement Due Date:				
Type of Building:	Residential	Commercial	Industrial	Mixed Building Use
	Other, please give description			

## Part 6: Reasons why annual/supplementary Fire Safety Statement cannot be lodged

You are required to provide valid reason/s why an annual/supplementary fire safety statement pursuant to Part 12 Fire Safety Statements - the Act, s 10.13(1)(d) of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021, cannot be lodged for the building premises within 12 months after the date on which the statement was previously given or where a fire safety certificate has been issued, within 12 months after the date on which the certificate was issued.

Council may contact you to discuss your request, obtain further information or undertake an inspection to adequately assess the application.

Note: Reasons for automatic REFUSAL - Failure to engage an accredited competent fire safety practitioner, change of strata management or evidence of a history of late statements.

If your reasons are unable to fit below, please attach information to this form making reference to Part 5.

## Part 7: Information to Support Reasons (In Part 5)

You are required to provide information to support your reasons from an Accredited Fire Safety Practitioner, in circumstances where the existing fire safety measures for the building require maintenance works, been damaged, unavailability of essential parts in circumstances or discrepancies with the fire safety schedule. In some cases, supporting information may be required by a registered certifier.

To support your reasons, the below items are to be provided. Please attach information to this form making reference to Part 6.

An Annual Fire Safety Statement for the fire safety measures that are not defective or affected by works for the building premises. Note: Where a Statement is received and several fire safety measures are listed as being defective and requiring works. The due date of the next Statement may be the Statement you lodge with this application. The investigation officer assessing this application may determine to change the due date subject to the outcome of their assessment.	Yes	No
An Inspection Report by Accredited Fire Safety Practitioner identifying the defective or affected Fire Safety Measure/s found during the annual inspection and assessment of the building premises.	Yes	No
A copy of the Annual Fire Safety Statement highlighting the defective or affected fire safety measures of the building premises.	Yes	No
A Scope of Works Report by an Accredited Fire Safety Practitioner to correct the defective or affected fire safety measure/s for building premises. The report must include a detailed description of the following: <ul style="list-style-type: none"> <li>• List of fire safety measure/s requiring works.</li> <li>• List of corrective actions to be undertaken to the fire safety measure/s.</li> <li>• Persons engaged to carry out the work.</li> <li>• Estimated completion date of when the fire safety measures/s will be completed.</li> </ul>	Yes	No

## Part 8: Risk Management Plan

Name of Building Owner/s or Person Acting on Behalf of Building Owner's			
Council understands that fire safety measures throughout their lifetime may require maintenance and replacement, been subject to damage, unavailability of parts or experience discrepancies with the fire safety schedule. However, in such events, building owners are responsible to ensure a risk assessment has been undertaken and a management strategy is implemented to mitigate any identified risk to a person's health and safety until such time works to the affected fire safety measures for the premises have been rectified.			
Signature		Date	

## Part 9: Name of Building Owner/s or Person Acting on Behalf of Building Owner's

As the building owner/s or building owner's agent of the premises to which this application relates, declare that the information contained in this form is the best to my knowledge and belief, true and accurate and understand that an investigation officer may enter the land to carry out any inspections and take photographs of the building premises. By lodging this application, this does not relieve building owner's legislative obligation to lodge an annual fire safety statement for the building premises. If an investigation officer reasonably suspects that the level of fire safety for the building premises is not adequate to prevent fire, suppress fire, prevent the spread of fire, or promote the safety of persons in the event of a fire, the officer may exercise their enforcement powers under the Environmental Planning and Assessment Act 1979.			
Signature		Date	

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ACCORDING TO PROCEDURES**

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Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> American Express
Amount	\$		

Name as appears on card																
Card Number																
Expiry Date																

Signature															
Daytime Phone Number															
Date															

Please note: All credit card payments are subject to a 0.5% service fee

<b>Office Use Only</b>															
Application No.															

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