

**Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10)** - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council by telephoning 4227 7111.

### 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. Lodgement fee applies.

### How to complete this form

- 1 All fields on this form are mandatory and must be completed or this request will not be granted.
- 2 Once completed you can submit this form by email, in person or by mail. Refer to Section 9 for lodgement details.
- 3 Once this form is lodged you will receive an invoice as per the approved fee under Council's Fees and Charges Policy.

See top right corner of Council's reminder letter for the "Application ES" number \_\_\_\_\_

<b>Application No</b>	<b>ES</b>
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<b>SECTION 1 IDENTIFICATION OF BUILDING</b>			
Address	No	Street	
	Suburb/ /Town		Postcode
Building Name (if known)		Lot No (if known)	DP/SP (if known)
The Annual Fire Safety Statement relates to the following type of building (tick appropriate box):			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed Building Use			
<input type="checkbox"/> If other, give description .....			

<b>SECTION 2 DETAILS OF BUILDING OWNER/PERSON ACTING FOR THE BUILDING OWNER</b>			
Given Name/s*			Family Name*
Organisation Name (if applicable)			
Postal Address	Street		
	Suburb/Town		Postcode
<b>Note*:</b> Before this application can be lodged at least one of the modes of contact below must be supplied.			
Home No	Mobile No	Business No	
Fax No	Email address		

<b>SECTION 3 BUILDING OWNER DETAILS (IF NOT PROVIDED ABOVE)</b>			
Given/Company Name/s*			Family Name*
Postal Address	Street		
	Suburb/ /Town		Postcode
Home No	Mobile No	Business No	
Fax No	Email address		



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

FORM

## SECTION 6 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 potential risks to people's health and safety.

Name of Building Owner/Person Acting for the Building Owner

Signature



## SECTION 7 REQUIRED ATTACHMENTS TO BE SUBMITTED WITH THIS FORM (APPLICANT TO PROVIDE THE FOLLOWING INFORMATION)

- Annual Fire Safety Statement (highlighting any defective items)
- A Program of Works (is a detailed description of work needed, person engaged to complete work and when work will be completed).

## SECTION 8 BUILDING OWNER/PERSON ACTING FOR THE BUILDING OWNER

I certify that –

- 1 The information contained in this statement is, to the best of my knowledge and belief, true and accurate.
- 2 A copy of the fire safety schedule for the building is attached.
- 3 A copy of the interim Annual Fire Safety Statement is attached.
- 4 A copy of all reports relied upon in this application are attached.

Name of Building Owner/Person/s Acting for the Building Owner

Signature/s



Date

## SECTION 9 LODGEMENT DETAILS

You can lodge the completed form by:

Mail: The General Manager  
Wollongong City Council  
Locked Bag 8821  
WOLLONGONG DC NSW 2500

Email: [council@wollongong.nsw.gov.au](mailto:council@wollongong.nsw.gov.au)

In Person: 41 Burelli Street, Wollongong Monday – Friday 8:30am – 5:00pm

## SECTION 10 GENERAL ENQUIRIES

For general enquiries regarding Council's fire safety program please ask to talk to our Essential Services Administration Team by telephoning (02) 4227 7111 or by emailing [council@wollongong.nsw.gov.au](mailto:council@wollongong.nsw.gov.au).