

# REQUEST TO ISSUE/REISSUE A FIRE SAFETY SCHEDULE

Pursuant to the S80A Environment Planning and Assessment  
(Development Certification & Fire Safety) Regulation 2021



This form is to be used to request the reissue of a fire safety schedule where the original schedule has been lost, destroyed, or requires corrections due to errors or omissions. This form can also be used to request the issue of a fire safety schedule of for the original measures in the building where no fire safety schedule exists.

## Part 1. Reason for Reissue of Schedule

|                          |                                                                                                       |
|--------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Original Schedule Lost or Destroyed (s80A(2)(a)(i)) - <b>Please complete Sections 2, 3, 4 &amp; 7</b> |
| <input type="checkbox"/> | Correction of Errors or Omissions (s80A(2)(a)(ii)) - <b>Please complete Sections 2, 3, 5 &amp; 7</b>  |
| <input type="checkbox"/> | Original measures (s81(2)) – <b>Please complete Sections 2, 3, 6 &amp; 7</b>                          |

## Part 2. Building Details

|                                                                                             |  |     |          |       |
|---------------------------------------------------------------------------------------------|--|-----|----------|-------|
| Description of the Building: (Building use, age, number of storeys, construction type etc.) |  |     |          |       |
|                                                                                             |  |     |          |       |
| Building Name (if applicable)                                                               |  |     |          |       |
| Lot/s                                                                                       |  | Sec |          | DP/SP |
| Street Address                                                                              |  |     |          |       |
| Suburb                                                                                      |  |     | Postcode |       |

## Part 3. Relevant Approvals & Certifications (if known)

|                                    |  |                     |  |
|------------------------------------|--|---------------------|--|
| DA No.                             |  | Issue Date          |  |
| CC or CDC No.                      |  | Issue Date          |  |
| OC No.                             |  | Issue Date          |  |
| Registered Certifier / Corporation |  | Registration Number |  |
| Company / Authority                |  |                     |  |

## Part 4. Original Schedule Lost or Destroyed

|                                                                                                                                                                                               |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Please provide supporting documentation and details in relation to the subject building to enable the reissue of the Fire Safety Schedule. This may comprise of one or more of the following: |                                                                                                                        |
| <input type="checkbox"/>                                                                                                                                                                      | Report or correspondence from a Registered Certifier or Fire Engineer.                                                 |
| <input type="checkbox"/>                                                                                                                                                                      | Copies of the most recent Fire Safety Certificate and / or Annual Fire Safety Statement for the building.              |
| <input type="checkbox"/>                                                                                                                                                                      | Fire Safety Audit prepared by an appropriately qualified person.                                                       |
| <input type="checkbox"/>                                                                                                                                                                      | Other supporting details, reports, documentary evidence certification or the like (attach as supporting documentation) |

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## Part 5. Correction of Errors or Omissions

|                          |                                                                                                                    |
|--------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Copy of the current Fire Safety Schedule for the building to be provided.                                          |
| <input type="checkbox"/> | List the errors and omissions in the current Schedule (attach as supporting documentation)                         |
| <input type="checkbox"/> | Provide reason/s why the corrections are considered to be errors or omissions (attach as supporting documentation) |

## Part 6. Original Measures

Provide supporting documentation in relation to the subject building to enable the issue of the Fire Safety Schedule of the original measures for the building. This may comprise of one or more of the following:

**an original measure** is an essential fire safety measure applicable to the building but not specified in the fire safety schedule.

**essential fire safety measure**, in relation to a building, means a fire safety measure that—

- a) is or was included in the fire safety schedule for the building, or
- b) was included in the essential services, within the meaning of Ordinance No 70 under the Local Government Act 1919, attached to an approval or order referred to in that Ordinance, Part 59, being an approval or order that was in force immediately before 1 July 1993, or
- c) was included in the essential services, within the meaning of the Local Government (Approvals) Regulation 1993, attached to an approval referred to in that Regulation, clause 22, being the latest approval granted during the period from 1 July 1993 to 30 June 1997, or
- d) was included in the essential services, within the meaning of the Local Government (Orders) Regulation 1993, attached to an order referred to in that Regulation, clause 6(1), being the latest order given during the period from 1 July 1993 to 30 June 1997.

|                          |                                                                                                                                  |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | A floor plan showing the location of all essential fire safety measures and their level of performance and/or installation date. |
| <input type="checkbox"/> | Report or correspondence from a Registered Certifier or Fire Engineer.                                                           |
| <input type="checkbox"/> | Copies of the most recent Fire Safety Certificate and / or Annual Fire Safety Statement for the building.                        |
| <input type="checkbox"/> | Fire Safety Audit prepared by an appropriately qualified person.                                                                 |
| <input type="checkbox"/> | Other supporting details, reports, documentary evidence certification or the like (attach as supporting documentation).          |

**Note: This pathway cannot be used if the essential fire safety measures have been upgraded voluntarily by the building owner without an approval issued by a Regulatory Authority.**

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## Part 7. Owners Declaration and Signature

All property owners must consent to and sign this application. Please cross tick each statement to acknowledge.

|                          |                                                                                                                                                      |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I/We acknowledge that the fees payable are calculated in accordance with Council's adopted Fees and Charges                                          |
| <input type="checkbox"/> | I/We agree to provide all documents that the Council may reasonably request for it to enable the reissue of the Fire Safety Schedule                 |
| <input type="checkbox"/> | I/We consent to Council Officers entering the subject property at any reasonable time, for the purpose of carrying out an inspection of the building |
| <input type="checkbox"/> | I/We declare that all the information provided is true and correct.                                                                                  |
| <input type="checkbox"/> | I/We also understand that, if incomplete, the request may be delayed or rejected, and further information may be requested.                          |

| OWNERS NAME | POSITION (If Company/Agency Owned) | SIGNATURE |
|-------------|------------------------------------|-----------|
|             |                                    |           |
|             |                                    |           |
|             |                                    |           |
|             |                                    |           |

### Please note:

- If signing on the owner's behalf, please state your legal authority, and provide documentary evidence (e.g. copy of Power of Attorney, trust deed, etc.)
- If signing on behalf of a body corporate or company, the application should be signed by two authorised representatives of the Company, and the names and positions of authority in the Company must be stated on the form. If you are the Sole Director, or are signing under Common Seal, this should be stated, and one signature will suffice. Alternatively, authority may be provided on Company letterhead.

## Part 8. Lodgement Details

You can lodge the completed form by:

📍 Wollondilly Shire Council, 62-64 Menangle Street, Picton NSW 2571

✉ PO Box 21, Picton, NSW, 2571 OR [fire.safety@wollondilly.nsw.gov.au](mailto:fire.safety@wollondilly.nsw.gov.au)

Please contact Council's Fire Safety Team on (02) 4677 1100 during normal business hours should you require further information.

**Please Note:** Council may request additional third party reports or documentation be provided to enable to the reissue of the Fire Safety Schedule, dependent on the size, use and complexity of the building and the provision of any fire safety related performance solutions.

An invoice for the requested issue / reissue of the Fire Safety Schedule will be raised in accordance with Council's Fees and Charges upon lodgement of the form.

This form is not to be used where unauthorised building work or a change in use has occurred without the relevant regulatory approval being obtained.

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## Privacy Statement

Wollondilly Shire Council is collecting personal information from you on this form for the purpose of assisting the determination process of your application. This information will be stored in councils EDRMS and accessed by the processing officer. Failure to provide the information may lead to rejection or delays of your application. At any time you have the right to access, view or correct the personal information that you have provided. Please also note that the personal information (not financial details) supplied on this document may be the subject of a request to access information under the *Government Information (Public Access) Act 2009* [GIPAA].

## NEED HELP?

[wollondilly.nsw.gov.au](http://wollondilly.nsw.gov.au) | [council@wollondilly.nsw.gov.au](mailto:council@wollondilly.nsw.gov.au)

4677 1100 | 62-64 Menangle St, Picton NSW 2571