

Annual Fire Safety Statement - STAY OF PIN (penalty infringement notice) Application Form

Advisory Notes
About this Form <ol style="list-style-type: none"> 1. This form should be completed where an Annual or Supplementary Fire Safety Statement cannot be submitted by the required date. 2. This form applies to stay of PIN requests. 3. Council will not consider a stay of PIN request where the repair works will take longer than three (3) months. 4. This form must be submitted to Council at least two (2) weeks prior to the required due date of the AFSS.
How to Complete this Form <ol style="list-style-type: none"> 1: Please note that all fields on this form must be completed. 2: Please refer to Part 9 below for lodgement details.

Section 1: Identification of Building		
No:	Street Name:	
Suburb:	Building Name:	
Lot No:	DP/SP:	FS Number: (see Council reminder letter)
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial

Section 2: Explanation of why the Annual Fire Safety Statement cannot be submitted
Please attach reports that support the explanation from competent fire safety practitioner (CFSP)

Section 3: Essential Fire Safety Measures – Repair Work Required			
No.	Fire Safety Measure	Required Repair Work	Estimated Completion Period (Weeks)

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Only list those fire safety measures that require work to be carried out - Attach a separate sheet if there is insufficient space in the table above.

Section 4: Interim Fire Safety Strategy (What strategy will be adapted whilst non-compliant measures are being rectified?)

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Section 5: Owner(s)/Agent Details

Title:	Given Name(s):	Family Name(s):
Postal Address:		
Contact Number:	Email Address:	

Section 6: Required Attachments (to be submitted with this Form)

1. A copy of the Fire Safety Schedule for the building.	<input type="checkbox"/>
2. A copy of the interim Annual Fire Safety Statement.	<input type="checkbox"/>
3. A copy of any report relied upon in this application (e.g. Technical reports by CFSP)	<input type="checkbox"/>

Section 7: Owner(s) Declaration

I declare that the information contained in this statement is, to the best of my knowledge and belief, true and accurate.		
Owner(s) Name:	Owner(s) Signature:	Date:

Section 8: Privacy and Personal Information Protection Notice

Purpose of Collection:	For delivery of Annual Fire Safety Statements in the Council area.
Intended Recipients:	Council staff of Strathfield Council
Supply:	A completed form is required for delivery and management of Annual Fire Safety Statements in Strathfield Council in accordance with relevant legislation.

Section 9: Lodgement Details

You can lodge the completed application by:	
MAIL:	PO Box 120, Strathfield NSW 2135
EMAIL:	council@strathfield.nsw.gov.au
IN PERSON:	Strathfield Council Customer Service Centre, 65 Homebush Road, Strathfield Monday to Friday – 9.00am to 4.00pm ph 9748-9999