

## REQUEST TO REISSUE A FIRE SAFETY SCHEDULE

*Pursuant to the s80A Environment Planning and Assessment (Development Certification & Fire Safety) Regulation 2021*

### PART 1 – REASON FOR REISSUE OF FIRE SAFETY SCHEDULE

- Fire Safety Schedule has been lost or destroyed (s80A(2)(a)(i)) **complete Sections 2, 3, 4, 5 & 7**
- Correction of Errors or Omissions in Fire Safety Schedule (s80A(2)(a)(ii)) **complete Sections 2, 3, 4, 6 & 7**

**Please note:** 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 that have NOT occurred due to unauthorised building work or a change in plans or specifications for the fire safety measures of the building.

### PART 2 – APPLICANT DETAILS

Name:	
Postal Address:	
Phone:	
Email:	

### PART 3 – BUILDING DETAILS

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

### PART 4 – RELEVANT APPROVALS & CERTIFICATES (list any known approvals for the building)

Development Consent / DA No.		Issue Date:	
Construction Certificate (CC) No.		Issue Date:	
Complying Development Certificate (CDC) No.		Issue Date:	
Occupation Certificate No.		Issue Date:	
Registered Certifiers Name:		Company:	

**Please Note:** Should the request be in relation to a building currently under construction and which does not have an Occupation Certificate, the request to reissue the schedule must be made to the Principal Certifier for the development.

### PART 5 – 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 Fire Safety Statement for the building.  |
| <input type="checkbox"/> | Fire Safety Audit prepared in accordance with AS4655 by an appropriately qualified person.  |
| <input type="checkbox"/> | Other supporting details, reports, documentary evidence certification or the like (list below): <ul style="list-style-type: none"><li>•</li><li>•</li></ul> |

**Please Note:** Council may on review of the application 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.

### PART 6 – CORRECTION OF ERRORS OR OMISSIONS

- |  |   |
|--|---|
| <input type="checkbox"/>   | Copy of the current Fire Safety Schedule for the building must be provided. |
| List the errors and/or omissions in the current Schedule:                      | a)<br>b)<br>c)<br>d)  |
| Provide reason/s why the corrections are considered to be errors or omissions: | a)<br>b)<br>c)<br>d)  |

**Please Note:** Additional information or supporting documentation may be provided in a separate document.

### PART 7 – OWNERS DECLARATION AND SIGNATURE

- |   |                          |
|---|--------------------------|
| 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.                           | <input type="checkbox"/> |

Owners Name	Position (if company owned)	Signature

**Please note:**

- All property owners must consent to and sign this application. Please cross (X) each statement to acknowledge.
- If signing on the owner’s behalf, please state your legal authority, and provide documentary evidence.
- 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 may lodge the completed form by:

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

In Person: Civic Centre – 184 Bourke Street Goulburn – 8:30am – 5pm Weekdays

Mail: Goulburn Mulwaree Council  
Locked Bag 22  
GOULBURN NSW 2580

For further information please contact Councils Building Surveying Team on (02) 4823 4444

*Council collects personal information only for a lawful purpose that is directly related to Council’s functions and activities. For further information please contact Council’s Privacy Officer or refer to Council’s Privacy Management Policy at [www.goulburn.nsw.gov.au](http://www.goulburn.nsw.gov.au)*