Fire Safety and Essential Services enquiries



Environmental Planning and Assessment Regulation 2000 (NSW)

Lodge Applications at Ballina Shire Council • 40 Cherry Street Ballina (Mon-Fri 8.15am to 3.00pm) mail PO Box 450 Ballina 2478 • e pehd@ballina.nsw.gov.au • abn 53 929 887 369 t 1300 864 444 • w ballina.nsw.gov.au • credit card payments e terminal22@ballina.nsw.gov.au

Payment is required upon lodgement of application for processing.

App	licat	tion	Detai	ils
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Places shock all applicable bayes

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Enquiry for requi	red essential fire se	ervices investigation	(2023/24 fee \$126 plus \$6	63 per DA file reviewed)
Council will provide a	a reminder for you to c		re Safety Statement withi	rvice program (2023/24 fee \$95) in legislated timeframes and lodge
Request for ext	ension of time to	provide Annual Fi	re Safety Statement	: (2023/24 fee \$95).
Please provide	length of extensio	n required and rea	son for extension.	
Attached t	echnician report v	vith list of failed ite	ms.	
Applicant Details				
Name				
Name				
Postal Address				
Email Address			7	Talanhana ta sissa ta sa
Email Address				elephone business hours
The applicant is:				
a) the Owner of t	he property conta	ining the Essential	Service or the Own	ner's Solicitor or Agent
		_		ning the Essential Service
b) a person with	the written conse	int of the owner of	the property contain	ing the Essential Service
Property Details				
Details can be located on to	he property rates notic	re		
Property Address				
Lot/DP or Lot/Section/	DP or Lot/Strata Pl	an Number		
	2. 3. 23. 3. a.a.	<u> </u>		
Office Use Only				
2024/25 Enquiry fee: POA Reco	eipt Code: FIRESAFE1			
2024/25 Annual notification, registration & reporting service program fee: \$100 Receipt Code: ESSRENW				
2024/25 Extension of time fee DA/BA Number	e: \$100 Receipt Code: Parcel Number	Amount paid ¢	Date received	Descript number
DAV DA INUITIDEI	Taice Number	Amount paid \$	Date received	Receipt number

2024/25 Extension of time fee: \$100 Receipt Code:						
DA/BA Number	Parcel Number	Amount paid \$	Date received	Receipt number		

Description of Land U	se		
Please check relevant b Multi unit, Multi-leve Industrial Commercial Current Use			
Applicant's Signature	Date		
Owner Consent			
	rner of the property containing the red to in paragraph a) or b) in appl	Essential Services or the owner's solicant details.	olicitor or agent is necessary unless
Owner's Name		Owner's Name	
Postal Address		Postal Address	
Date of Birth	I, being the owner/ owner's solicitor/agent consent to the making of this application.	Date of Birth	I, being the owner/ owner's solicitor/agent consent to the making of this application.
Signature	Date	Signature	Date
Privacy and Copyright	Notice		

The completed Fire Safety and Essential Services enquiries form and any documents submitted with the application contains personal information that is being collected in order to assess, process and determine the request under the provisions of the Environmental Planning and Assessment Act 1979 (NSW) and the Environmental Planning and Assessment Regulation 2021 (NSW).

The information will be processed by the Planning and Environmental Health Division of Ballina Shire Council and will be made available to public enquiries under the Government Information (Public Access) Act 2009 (GIPA). The information will be stored in Council's electronic document management system.

SUBMIT FORM