

PROFORMA

Certification of Fire Detection and Alarm System

Byron Shire Council
PO Box 219 (Station Street)
MULLUMBIMBY NSW 2482

Attention: Building Certification Unit

PREMISES:

Lot: DP: Street:

Locality:

OWNER:

I being a qualified licensed electrical contractor, hereby certify that I have installed the automatic fire detection and alarm system at the abovementioned premises in accordance with the following requirements.

1. **Smoke Alarms** - complying with AS 3786 or listed in the SSL Register of Accredited Products, have been connected to the 240V mains electrical power having a standby power, being installed in the following locations:
 - a) in any storey containing bedrooms - between each area containing any bedrooms and the remainder of the dwelling, including any hallway associated with the bedroom or in each bedroom; and
 - b) any storey not containing bedrooms.

2. All alarms have been interconnected.

Signed:

Dated:

Licence No.

Phone No.

PROFORMA

TERMITE RISK MANAGEMENT NOTICE

As per Part 3.1.3.2 of the Building Code of Australia

- | | |
|--|--------------------------------------|
| 1. METHOD OF TERMITE RISK MANAGEMENT: | 4. INSPECTION AND MAINTENANCE |
|--|--------------------------------------|

This Termite Protection System needs to be maintained on a regular basis. The Australian Standard for termite protection (AS 3660.1) recommends regular, competent INSPECTION of the building for termite activity at least every twelve months. This is to ensure that termites have not bridged or breached the system and entered the building.

- 2. DATE OF INSTALLATION:**

Disturbance or covering of the treated soil in contact with the building or attachments may render this structure liable to termite attack. The home owner is advised to have competent inspections to ensure the external barrier is not disturbed. Your professional pest control manager can advise on any follow-up protection required, or maintenance of your termite protection system.

- 3. LIFE EXPECTANCY:
(Chemical Barrier Only)**

INSTALLER/ BUILDER:

.....

ADDRESS

PHONE:.....

THIS SHOULD BE MADE OF A DURABLE MATERIAL (PLASTIC, ETC) AND FIXED IN A PROMINENT LOCATION (METER BOX, KITCHEN CUPBOARD, ETC.) ALTERNATIVELY, THE OWNER MAY CHOOSE TO LAMINATE THE ABOVE NOTICE.

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Certification of BASIX Requirements

Byron Shire Council
PO Box 219 (Station Street)
MULLUMBIMBY NSW 2482

Attention: Building Certification Unit

PREMISES:

Lot:..... DP:..... Street:

Locality:

OWNER:.....

This is to certify that the requirements under BASIX Certificate No: _____
dated ____/____/____, have been undertaken in relation to Development Consent
No: _____

Builders' Name

Address

.....

Telephone No.

Licence No.

Signature

Date