**VARIATION TO FIRE MANAGEMENT REQUIREMENTS APPLICATION FORM 2019/20**

**Please provide answers to all questions.
Incomplete applications cannot be accepted.**

Properties may be inspected to ensure proposed fire mitigation measures are adequate. All other requirements stipulated in the City of Albany’s Fire Management Notice for which a variation has not been granted must be complied with.

1. **Applicant Details**

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Property Details – a separate form must be completed for each property**

Property Assessment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*(This is on your City of Albany Rates Notice)*

Location/Lot No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or House No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you lease the property? Yes No

Property Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If different to Applicant’s name)*

Do you reside on the property? (please tick)

 Permanently Part time (e.g. holiday house) Vacant land

1. **Variation is sought for the following fire management requirement:**

*(*Please describe the details of the specific requirement that you are unable to meet*.
Refer to Variation to Fire Management Guidelines on the www.albany.wa.gov.au/services/emergency-management/fire.aspx for more information)*

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1. **Reason for Variation**

 Rocky Steep or inaccessible

 Permanently water logged Prevention of soil erosion

 Protection of flora/fauna Other – please specify below

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1. **Proposed Fire Mitigation Measures**

Please detail the alternative fire mitigation measures do you propose to implement on your property that will provide **at least** the same level of protection as required by the Fire Management Notice.

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1. **Map Showing Fire Mitigation Measures**

Please **attach a map** showing your proposed fire mitigation measures (suitable scale). The map should indicate property boundaries, dwelling(s) and other structures, cleared areas, paddocks, driveway and tracks, existing fire breaks, bush areas, water courses, water available for firefighting, the type and location of firefighting equipment, exit points and hazard areas.

 Map Attached (Note: your application cannot be processed without a **legible** map)

1. **Bushfire Management Plan (BMP)**

If you have an approved Fire Management Plan that has been endorsed by an accredited Bushfire Planning and Design (BPAD) practitioner, please attach a copy of the plan.

The basic requirements of any Bushfire Management Plan (BMP) is to identify potential issues or problems relating to environmental fire threats and recommend specific actions ensure, as much as practical, that the lives and assets of the location are not put at undue threat from a bushfire event.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Office use only**

Assessment No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property inspected on: \_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inspecting Officer’s Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The proposed fire mitigation measures are: □ Recommended □ Not Recommended

Inspecting Officer’s title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

**Approving Officer’s Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The Application for Variation is: □ Approved □ Not Approved

Perpetual Variation: □ Yes □ No Expiry Date: \_\_\_\_\_ / \_\_\_\_\_\_/ \_\_\_\_\_\_

Approving Officer’s title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_\_/\_\_\_\_\_