



FIREBREAK NOTICE VARIATION APPLICATION

Applicant's Name:

Postal Address:

Telephone No:.....**Mobile No:**

I consider it impractical to clear or construct firebreaks or carry out other fire prevention work in accordance with the Shire of Waroona Firebreak Notice issued in pursuant to Section 33 of the Bush Fires Act 1954 at;

Lot/Street No:.....**Street:**

Locality:**Property Size:**m2

The Shire of Waroona Firebreak Notice would require the following fire prevention work to be completed on the above mentioned property (please indicate which applies)

FIREBREAK **SLASH** **OTHER**

My property is located in the Fire Brigade area of:.....

I wish to apply for a variation to the requisitions of the Firebreak Notice as described below:

(Please provide comments to support the requested variation and a formal plan detailing the alternative fire prevention measures proposed.)

RATIONAL TO SUPPORT A VARIATION:

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.....

ALTERNATIVE PREVENTION STRATEGIES PROPOSED:

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APPLICANTS SIGNATURE:.....**DATE:**...../...../.....

Please forward completed form to the Shire of Waroona at 52 Hesse Street, Waroona or post to PO Box 20, Waroona 6215, before the 30th of November, annually. This form can also be lodged by email to, warshire@waroona.wa.gov.au before the 30th of November, annually.

NOTE: The failure to comply with the requirements of the Shire of Waroona Firebreak Notice may result in a modified penalty (Infringement notice) being issued of up to \$250.00.

The maximum penalty under the Bush Fires Act 1954 for failing to comply with the requisitions of a Notice under Section 33 is a fine of up to \$5000.00. Additionally Contractors Fees and Administration costs may also be recovered.

AUTHORISED OFFICER ASSESSMENT

Reporting Officer:

Onsite Visit/Inspection:Y/N **Date:**/...../..... **Time:**hrs

RECOMMEND APPLICATION BE APPROVED

Subject to the following Conditions:

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TERM OF VARIATION (IF APPROVED) **1 YEAR** **3 YEARS** **5 YEARS**

RECOMMEND APPLICATION BE DECLINED

Reason/s:

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AUTHORISED OFFICER SIGNATURE:.....**DATE:**/...../.....

OFFICE USE ONLY

ASSESSMENT NO:

OUR REF 60/1

DATE APPROVED/DECLINED LETTER SENT:

TERM OF APPROVAL: **1 YEAR** **3 YEARS** **5 YEARS**

APPROVING/DECLINING OFFICER:

REGISTER/SYNERGY UPDATED: **YES** **DATE:**...../...../.....

SIGN:.....