

WARRANT OF FITNESS

Section 108, Building Act 2004

The Building	
Street Address: _____	WOF Number: _____
Legal Description: _____	Location of building Within site/block: _____
Building Name: _____	Level/Unit Number: _____
Current, lawfully established use: _____	Year first constructed: _____

The Owner	Contact
	<i>Only complete if you are making the application on behalf of the Owner.</i>
Owners Name: _____	Contacts Name: _____
Postal Address: _____	Postal Address: _____
Street Address/ Registered Office: _____	Street Address/ Registered Office: _____
Contact Person: _____	Contact Person: _____
Landline: _____	Landline: _____
Daytime: _____	Daytime: _____
After Hours: _____	After Hours: _____
Mobile: _____	Mobile: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Website: _____	Website: _____

Contacts relationship with owner: *Provide details* _____

Details of authorisation from owner to make application on behalf of the owner attached.

Warrant	
Maximum Occupancy: _____	Highest fire hazard category: _____
The inspection, maintenance, and reporting procedures of the compliance schedule for the above building have been fully complied with during the 12 months prior to the date stated below.	

Date: _____ The Compliance Schedule is kept at: _____

Full Name

Signature of owner / agent

The following specified systems are covered by the Warrant of Fitness for this building:					
<input type="checkbox"/>	SS 1	Automatic Systems for Fire Suppression	<input type="checkbox"/>	SS 10	Building Maintenance Units
<input type="checkbox"/>	SS 2	Emergency Warning Systems	<input type="checkbox"/>	SS 11	Laboratory Fume Cupboards
<input type="checkbox"/>	SS 3.1	Automatic Doors & Windows	<input type="checkbox"/>	SS 12.1	Audio Loops
<input type="checkbox"/>	SS 3.2	Access Controlled Doors	<input type="checkbox"/>	SS 12.2	FM Radio Frequency Systems
<input type="checkbox"/>	SS 3.3	Interfaced Fire / Smoke Doors / Windows	<input type="checkbox"/>	SS 13	Mechanical Smoke Control
<input type="checkbox"/>	SS 4	Emergency Lighting Systems	<input type="checkbox"/>	SS 14.1	Emergency Power Systems for SS 1 – 13
<input type="checkbox"/>	SS 5	Escape Route Pressurisation Systems	<input type="checkbox"/>	SS 14.2	Signs for SS 1 – 13
<input type="checkbox"/>	SS 6	Riser Mains	<input type="checkbox"/>	SS 15.1	Systems for Communicating Evacuation
<input type="checkbox"/>	SS 7	Auto Backflow Preventers	<input type="checkbox"/>	SS 15.2	Final Exits
<input type="checkbox"/>	SS 8.1	Passenger Carrying Lifts	<input type="checkbox"/>	SS 15.3	Fire Separations
<input type="checkbox"/>	SS 8.2	Service Lifts	<input type="checkbox"/>	SS 15.4	Signs
<input type="checkbox"/>	SS 8.3	Escalators & Moving Walks	<input type="checkbox"/>	SS 15.5	Smoke Separations
<input type="checkbox"/>	SS 9	Mechanical Vent / Air Con Systems	<input type="checkbox"/>	SS 16	Cable Cars

Attachments – the following items are attached:	
<input type="checkbox"/> Certificates relating to inspections, maintenance & reporting	<input type="checkbox"/> Recommendation for amendments to the compliance schedule