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| **ANNUAL MAINTENANCE STATEMENT** | **Regulation 47** |
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| --- | --- |
| **Building details:** |  |

 Form **56**

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| --- | --- | --- |
| Name: |  | *Building description* |

|  |  |  |
| --- | --- | --- |
| Located at: |  | *Address* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *Suburb/postcode* |

|  |  |
| --- | --- |
| **Owner / Occupier details:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Fax No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Email address: |  |

|  |  |
| --- | --- |
| **Statement details:** |  |

*Date:*

|  |  |  |  |
| --- | --- | --- | --- |
| **This statement is in relation to Occupancy Permit No.(s)** |  | **issued on:** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(✓ if applicable)*

|  |  |
| --- | --- |
| As the ***owner*** of this building, I have ensured that all the prescribed features and measures, including those essential for the health and safety of occupants, have been assessed by an appropriately qualified person and are performing to standard required by the *Building Regulations 2004* |  |

*(✓ if applicable)*

|  |  |
| --- | --- |
| As the ***occupier with contractual responsibility*** for this building, I have ensured that all the prescribed features and measures, including those essential for the health and safety of occupants, have been assessed by an appropriately qualified person and are performing to standard required by the *Building Regulations 2004* |  |
|  |

***Notes:***

* The term “Occupier” applies to an occupier with contractual responsibility for maintenance of prescribed features or measures.)
* This form must be displayed in a prominent place in the main public entrance to the building or main building of a complex of buildings.
* Where an occupancy permit has been issued this Statement must be replaced every year no later than 14 days after the anniversary date of the building’s occupancy permit or in other cases by the anniversary date of the display of the first annual statement.

*(delete one not applicable) Name: [print] Signed: Date:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner / Occupier: |  |  |  |  |  |