

## Form 12: Warrant of Fitness

Section 108, Building Act 2004

### 4. THE BUILDING

Street Address of building: .....

Legal description of land where building is located: Lot(s): ..... DP/S: .....

Building Name: .....

Location of building within site / block number: .....

Level / Unit Number: .....

Current, **lawfully established, use**: [Include number. of occupants per level and per use if more than 1]. .....

Year first constructed: ..... Intended life of the building if 50 years or less ..... years.

Highest fire hazard category for building use: [ state number ] .....

### 2. THE OWNER

Name of Owner / Company: .....

Contact person [If the Owner is NOT an individual]: .....

Mailing address: .....

Street address / registered office: .....

Phone Number:  
Landline: .....  
Mobile: .....  
Daytime: .....  
After hours: .....  
Facsimile number: .....

Email address: .....  
Website: .....

Invoice to: ☐ Owner ☐ Agent

First point of contact: ☐ Owner ☐ Agent

### 3. AGENT [only required if application is being made on behalf of the owner]

Name of Agent / Company: .....

Contact person [If the Owner is NOT an individual]: .....

Mailing address: .....

Street address / registered office: .....

Phone Number:  
Landline: .....  
Mobile: .....  
Daytime: .....  
After hours: .....  
Facsimile number: .....

Email address: .....

Relationship to owner: [State details of the authorisation from the owner to make the application on the owner's behalf]

#### 4. WARRANT

The maximum number of occupants that can safely use this building is .....

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.

The compliance schedule is kept at:.....

#### 5. ATTACHMENTS

- ☐ Certificates relating to inspections, maintenance, and reporting
- ☐ Recommendations for amendments to the compliance schedule

#### 6. WARRANT

Signature of: ☐ OWNER or by the ☐ AGENT on behalf of and with the authority of the owner: *[tick correct one]*

Signature: ..... Name of person signing: ..... Date: .....

**Incomplete Form 12 cannot be accepted for processing. You will be asked to re-submit if incomplete.**