

**Smoke Alarm Installation Certificate (Residential Properties)**

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

<b>Subject Property</b>	Street Address:		
	Suburb:		
	Lot/Unit:	DP/SP:	Sec No.:

<b>Application Details</b>	DA Number:	Date of Consent:
	CC Number:	Date of Issue:
	CDC Number:	Date of Issue:

<b>Installers Declaration</b>	I certify that the smoke alarm system installed by me at the abovementioned property for the works subject of this application:
	<p>a) are connected to the consumer mains power; and</p> <p>b) are interconnected where there is more than one alarm; and</p> <p>c) comply with the National Construction Code, Part 3.7.2 (Vol2); and</p> <p>d) comply with AS 3786.</p>

<b>Installer's Details</b>	Name:	
	Company Name (if applicable):	
	Address:	
	Licence No.:	
	Phone:	Fax:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Further enquiries:** Please contact Council's Development Services Section on (02) 4645 4608.