



VARIATION TO FIRE MANAGEMENT REQUIREMENTS APPLICATION FORM 2020/21

**Please provide answers to all questions.
Incomplete applications cannot be accepted.**

Properties may be inspected to ensure proposed fire mitigation measures are adequate. All other requirements stipulated in the Shire of Lake Grace's Fire Management Notice for which a variation has not been granted must be complied with. Please return the completed form to the Shire by 15 October 2020.

1. Applicant Details

Applicant's name: _____ Phone: _____

Postal address: _____

Email: _____

2. Property Details – a separate form must be completed for each property

Property Assessment No: _____

(This is on your Shire of Lake Grace Rates Notice)

Location/Lot No: _____ or House No: _____

Street: _____

Suburb: _____

Do you lease the property? Yes No

Property Owner's Name: _____
(If different to Applicant's name)

Do you reside on the property? (please tick)

Permanently Part time (e.g. holiday house) Vacant land

3. Variation is sought for the following fire management requirement:

(Please describe the details of the specific requirement that you are unable to meet).

4. Reason for Variation:

- | | |
|--|---|
| <input type="checkbox"/> Rocky | <input type="checkbox"/> Steep or inaccessible |
| <input type="checkbox"/> Permanently water logged | <input type="checkbox"/> Prevention of soil erosion |
| <input type="checkbox"/> Protection of flora/fauna | <input type="checkbox"/> Other – please specify below |

5. Proposed Fire Mitigation Measures

Please detail the alternative fire mitigation measures do you propose to implement on your property that will provide **at least** the same level of protection as required by the Fire Management Notice.

6. Map Showing Fire Mitigation Measures

Please **attach a map** showing your proposed fire mitigation measures (suitable scale). The map should indicate property boundaries, dwelling(s) and other structures, cleared areas, paddocks, driveway and tracks, existing fire breaks, areas of bush, water courses, water available for firefighting, the type and location of firefighting equipment, exit points and any other hazards.

Map Attached (Note: your application cannot be processed without a **legible** map)

Applicant's Signature: _____ Date: ____ / ____ / ____

Office use only

Assessment No: _____ Property inspected: ____/____/____

Inspecting Officer's Comments:

The proposed fire mitigation measures are: Recommended Not Recommended

Inspecting Officer's name: _____

Signature: _____ Date: ____/____/____

Approving Officer's Comments:

The Application for Variation is: Approved Not Approved Date: ____/____/____

Perpetual Variation: Yes No Expiry Date: ____ / ____ / ____