**Warrant of fitness**

***Form 12 - Section 108, Building Act 2004***

**The building**

**Compliance Schedule no: WOF**

**Annual expiry date:**

Street address of building:

Legal description of land where building is located:

Building name *(if applicable)*:

Location of building within site/block number *(if applicable)*:

Level/unit number *(if applicable)*:

Current, lawfully established, use *(include number of occupants per level and per use if more than 1)*:

Year first constructed *(insert year or approximate date)*:

Purpose Group:

Intended life of the building if 50 years or less *(if applicable)*:

Highest fire hazard category for building use *(state number)*:

**The owner**

Name of owner:

Contact person *(not required if the owner is an individual)*:

Mailing address:

Street address/registered office:

Phone number: Landline: Mobile: Daytime: After hours:

Facsimile number:

Email address:

Website:

**Agent** *(only required if warrant is being supplied on behalf of the owner)*

Name of agent:

Contact person *(not required if the agent is an individual)*:

Mailing address:

Phone number: Daytime: After hours:

Facsimile number:

Email address:

Relationship to owner *(state details of the authorisation from the owner to supply the warrant on the owner’s behalf)*:

**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:**

**Attachments**

[ ]  Certificates relating to inspections, maintenance, and reporting *(if applicable)*

[ ]  Recommendations for amendments to the compliance schedule *(if applicable)*

|  |  |
| --- | --- |
| **Signature:** |  |
|  | *(of owner/agent on behalf of and with the authority of the owner)* |
| **Date:** |  |