

Bush Fire Order Variation Form



Please note: an inspection will be undertaken on your property to ensure the measures you wish to put in place are suitable.

Applicant's Details			
Name	_____		
Postal Address	_____ _____		
Email	_____		
Phone	Home	Work	Mobile

Property Details	
Location/Lot No.	_____
House No.	_____
Street Name	_____
Suburb	_____
Do you (please tick):	<input type="checkbox"/> Reside on the property permanently; or <input type="checkbox"/> Part time (i.e Holiday House); or <input type="checkbox"/> Not at all (i.e vacant land).

1. What section of the Shire's Bush Fire Order are you seeking a variation from?
(Please tick all that apply)
<input type="checkbox"/> Firebreak width/Location
<input type="checkbox"/> Asset Protection Zone distance
<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Fuel Loadings

2. Why do you wish to take alternative fire protection measures on your property?
(Please tick all that apply)
<input type="checkbox"/> Protection of flora/fauna
<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Prevent soil erosion

3. What are your intended fire protection objectives?
(Please tick all that apply)
<input type="checkbox"/> Life
<input type="checkbox"/> Pasture
<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Dwelling
<input type="checkbox"/> Neighbours

Shire of Capel

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4. What are your intended conservation protection objectives?

(Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Prevent fire encroachment | <input type="checkbox"/> Retain in virgin state |
| <input type="checkbox"/> Prevent soil erosion | <input type="checkbox"/> Ensure native fauna multiplies |
| <input type="checkbox"/> Protect orchids, etc. | |
| <input type="checkbox"/> Other, please specify: _____ | |

5. What alternative measures do you propose that will at least afford the same level of protection to your property, and your neighbours? (please mark on site plan on attached grid)

(Please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Alternative firebreaks | <input type="checkbox"/> Hazard reduction burning (please note by whom and how)
_____ |
| <input type="checkbox"/> Use of natural features | |
| <input type="checkbox"/> Other, please specify: _____ | |

6. Detail the resources that you have available to suppress wild fires (please mark on site plan on attached grid)

Type and location of firefighting equipment:

Fire reporting procedures:

Other, please specify:

7. Have you consulted with any other agency/persons in the formulation of your Variation to the Bush Fire Order?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> If yes, please specify: _____ | |

8. What environmental implications is the above work likely to have and how will this be addressed?

(Please tick all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Soil Erosion |
| <input type="checkbox"/> Dieback spread | |
| <input type="checkbox"/> Other, please specify: _____ | |

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9. Will this variation to the Bush Fire Order have implications upon fire protection of neighbouring properties, life or values? If so, what are these?

If yes, please specify: _____

10. Is there anything else relevant to this application that you wish to note?

If yes, please specify: _____

Please use the following grid page to draw a site plan of your property, marking the following:

Property boundaries	Bush areas / Cleared areas
Roads / Tracks	Paddocks
Firebreaks	Dwellings and all other buildings (including sheds)
Water courses / Water available for firefighting	Low or reduced fuel areas
Areas of conservational value	Any firefighting equipment on the property

Please ensure that this application is submitted to the Shire of Capel by no later than the 31st October this year – late applications cannot be accepted.

To be signed by applicant:

Name (please print)	_____
Signature	_____
Date	____ / ____ / 2017

FCO / Office Use Only

The above mentioned property was inspected on	____ / ____ / 2017
Inspected by (FCO):	From _____ Bush Fire Brigade
The alternate measures outlined above are:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
It is recommended that this variation be approved for a ____ year period.	
Additional Comments: _____ _____	
FCO Signature:	Date: ____ / ____ / 2017
MERS Signature:	Date: ____ / ____ / 2017

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