

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.

1. Applicant			
Name	_____		
Postal	_____		
Address	_____		
Phone	Home	Work	Mobile
Email	_____		

2. Property	
Location/Lot	_____ House number _____
Street	_____
Suburb	_____
Do you (Please tick)	<input type="checkbox"/> Reside on the property permanently; or <input type="checkbox"/> Part time (eg holiday house); or <input type="checkbox"/> Not at all (vacant land).

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

4. 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"/> Prevent soil erosion
<input type="checkbox"/> Other, please specify: _____	

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

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6. What are your intended conservation protection objectives?

(Please tick all that apply)

- Prevent fire encroachment
- Prevent soil erosion
- Protect orchids, etc.
- Other, please specify: _____
- Retain in virgin state
- Ensure native fauna multiplies

7. 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)

- Alternative firebreaks
- Use of natural features
- Other, please specify
- Hazard reduction burning (please note by whom and how)

8. 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

9. Have you consulted with any other agency/persons regarding this application?

- Yes
- No
- If yes, please specify: _____

10. What environmental implications is the above work likely to have? How will you address this?

(Please tick all that apply)

- N/A
- Risk of Dieback spread
- Other, please specify: _____
- Soil Erosion

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Will this variation have implications upon fire protection of neighbouring properties, life or values? If so, what are these?

If yes, please specify: _____

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

If yes, please specify: _____

Please use the grid on the next page to draw a site plan of your property, marking all the relevant points below.

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

Please ensure that this application is submitted to the Shire of Capel by 31st October this year – late applications will not be accepted.

FCO / Office Use Only	
The above mentioned property was inspected on	dd/mm/yyyy
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: dd/mm/yyyy
MERS Signature:	Date: dd/mm/yyyy

