

Telephone: (08) 9394 5000 **Facsimile**: (08) 9394 5184

Website: www.armadale.wa.gov.au

Email: info@armadale.wa.gov.au

Address: 7 Orchard Avenue, Armadale, Western Australia 6112

Smoke Nuisance Investigation Request

Should you wish to lodge a smoke investigation request, please complete and return the enclosed, so that the City can investigate your smoke nuisance concerns.

Enclosed in this package:

- 1. Smoke Nuisance Investigation Request Form
- 2. Assessment of Smoke Checklist
- 3. Log Sheet(s)

It is important that you accurately record the smoke nuisance as it affects you, providing as much information as possible. This information should identify the source of the smoke (property address), the severity of the smoke and the dates and times of the nuisance. It is recommended that you record the smoke nuisance in the attached log sheets. This information will then be used to determine the nature of the nuisance and possibly identify a pattern of the smoke. Information provided will then assist the Environmental Health Officer to investigation your smoke nuisance concern.

In some cases, legal action may be necessary to a resolve a smoke nuisance. In such cases, the evidence of persons affected by the smoke may be vital to achieving a successful outcome. Anyone making a smoke complaint should be aware that they may be required to give evidence in Court should the need arise.

A mediation service is provided by the Citizens Advice Bureau and may be recommended by the City.

The City is subject to the *Freedom of Information Act 1992*.

The City will not commence investigation of your request until the Smoke Nuisance Investigation Request Form, the Assessment of Smoke Checklist and the accompanying Log Sheet(s) are completed and returned to the City.

Return Options:

Email:

info@armadale.wa.gov.au

In person:

7 Orchard Avenue Armadale Post:

City of Armadale Locked Bag 2 Armadale Western Australia 6992





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Smoke Nuisance Investigation Request Form

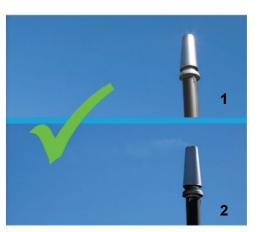
Your Contact Details (Please fill out all details clearly)

Name:			Address:			
			Suburb:			P/Code:
Contact No:	(H)		(W)		(M)	
Email:					1	
Property of Concern	ı (Please fill out a	ıll details clearly)				
Address:						
Name of Person: (if known)						
Description of Issu	e:					
Further Information						
Experience has shown smoke before asking			onious relati	onships, it is bett	er to contact t	he person causing t
Have you attempted	to resolve this	matter yourself pr	ior to contact	ing the City?	Yes	No 🗆
If yes, what was the	outcome?					
eclaration						
I acknowledge that:						
J	et to the Freeds	om of Information	Act 1002			
		alt with in order of				
•		ry I may be require		dence in Court		
•	commence inve	estigation of your i	-		pleted and ret	urned, together
Signed:		Dat	te			

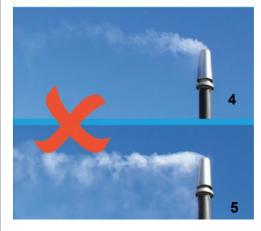
Assessment of Smoke Checklist

In order to assist the City's Health Service in resolving your complaint and to determine the severity of the smoke it will be necessary for you to complete the following checklist:

	Yes	No
 Is the flue/chimney still smoking 20 minutes after the fire has been lit? If yes, then answer the following (Please refer to the pictures to the right): 		
Does the smoke resemble severity 1?		
Does the smoke resemble severity 2?		
Does the smoke resemble severity 3?		
Does the smoke resemble severity 4?		
Does the smoke resemble severity 5?		
Is the flue/chimney height outlet greater than 0.6m above the highest part of the roof?		
3. Is the flue/chimney height outlet at least 1m above neighbouring structures located within 3 metres of the flue?		
4. Is the flue/chimney fitted with a rain protector?		
5. Is there a brown discoloration on the flue/chimney?		
6. Is the smoke producing a strong odour?		









Log Sheet of Smoke Nuisance

Your addre	ss:				Address of smoke nuisance:	
	T	ime	Duration	Severity of Smoke (1, 2, 3, 4 or 5) refer to the pictures	Description of Smoke Nuisance	
Date	Start	Finish				
e.g. 1/5/22	1700	2100	4hrs	3	Was unable to use air conditioner due to the smell of smoke	

Please Note:

- 1. The City is subject to the Freedom of Information Act 1992
- 2. All smoke complaints will be dealt with in order of priority
- 3. Should legal action be necessary I may be required to give evidence in Court
- 4. The City will not commence investigation of your request until this form is completed and returned, together with a completed log sheet (attached)

Log Sheet of Smoke Nuisance

Your addre	ess:				Address of smoke nuisance:		
Date	Start	Time Finish	Duration	Severity of Smoke (1, 2, 3, 4 or 5) refer to the pictures	Desc	ription of Smoke Nuisance	

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