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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: LOCATION DETAILS** | | | | | | | | | | | | | | | | | |
| Concept Only – Address Not Required  *Tick this box if the meeting is to discuss a building design where the proposed site is unknown.* | | | | | | | | | | QFES Job No. (if known) | | | | |  | | |
| Site Name | | | | | | | | |  | | | | | |  | | |
|  | | | | | | | | |  | | | | | | | | |
| Street Address | | | | | | | | | Structure Name | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | Business Name | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| Suburb | | | | | | Postcode | | Sub Unit | | | | | | Floor Level | | | |
|  | | | | | |  | |  | | | | | |  | | | |
| **Lot Plan Details**  Lot Number | | | Plan Type | | | | Plan Number | | | | Parish | | | | | County | |
|  | | |  | | | |  | | | |  | | | | |  | |
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| **SECTION 2: BUILDING DEVELOPMENT APPLICANT DETAILS (as defined in the *Planning Act 2016,* s280)** | | | | | | | | | | | | | | | | | |
| *Person and/or Company is required.* | | | | | | | | | | | |  | | | | | |
| Title | First Name | | | | | | | | | | | Mailing Address | | | | | |
|  |  | | | | | | | | | | |  | | | | | |
| Last Name | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | |  | | | | | |
| Company Name (if applicable) | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | |  | | | | | |
| ABN | | | | Mobile | | | | Suburb/State | | | | | Postcode | | | | |
|  | | | |  | | | |  | | | | |  | | | | |
| Email | | | | | | | | Phone | | | | | Fax | | | | |
|  | | | | | | | |  | | | | |  | | | | |
| **SECTION 3: BILLING DETAILS** | | | | | | | | | | | | | | | | | |
| *Billing Details will only be used when an invoice is applicable to the type and stage of the application being submitted.* | | | | | | | | | | | | | | | | | |
| Use Applicant Details for Billing | | | | | | | | | | | | | | | | | |
| *Tick this box where the Billing Details are the same as the Applicant Details in Section 2, otherwise complete the details below.* | | | | | | | | | | | | Mailing Address | | | | | |
| Customer Order Ref. | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | |  | | | | | |
| Title | | First Name | | | | | | | | | |  | | | | | |
|  |  | | | | | | | | | | |  | | | | | |
| Last Name | | | | | | | | | | | | Suburb/State | | | | | Postcode |
|  | | | | | | | | | | | |  | | | | |  |
| Company Name (if applicable) | | | | | | | | | | | | Phone | | | | | Fax |
|  | | | | | | | | | | | |  | | | | |  |
| ABN | | | | | Mobile | | | | | | | Email | | | | | |
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| **SECTION 4: MEETING DETAILS** | | | | | | | | | | | |
| *QFES staff will contact you to confirm the meeting details.* | | | | | | | | |  |  | |
|  | | | | | | | | |  |  | |
| **Meeting Description** | | | | |  | | **Proposed Attendees** | | | | |
|  |  |  | | | |  | | | | |  |
| Has there been previous contact with QFES Staff on this matter?  Yes  No | | | | | | | | | | | |
| If Yes, Name of Officer   |  | | --- | |  | | | | |  | | | | | | | |
| Does this submission relate to combustible cladding?  Yes  No  Is this an “affected” building that has been registered with QBCC?  Yes  No | | | | | | | | | | | |
| If so, please provide the QBCC Unique Building Identification Number | | | | | | | |  | | | |
| |  | | --- | | **SECTION 5: CONFIRMATION** | | | | | | | | | | | | | |
| **Privacy** | | | | | | | | | | | | |
| Refer to the Queensland Government website [www.qld.gov.au/legal/](http://www.qld.gov.au/legal/) for details regarding privacy and other uses and disclosures of your personal information. | | | | | | | | | | | | |
| **Payment of Fees (if applicable)** | | | | | | | | | | | | |
| Fees are charged in accordance with the *Fire and Emergency Services Act 1990* or the *Building Fire Safety Regulation 2008*. | | | | | | | | | | | | |
| I confirm in lodging this request I am acting as the agent and on behalf of the nominated Billing Customer or any alternative nominee and that I hold the necessary agency authority to so act. | | | | | | | | | | | | |
| Note: QFES recommends that the terms of payment are provided to the Billing Customer; [Terms and Conditions of Payment of Fees](https://www.qfes.qld.gov.au/planning-and-compliance/referral-agency-advice) | | | | | | | | | | | | |
| 1. The Billing Customer will pay to QFES the fees and charges prescribed for the identified services by a payment method accepted by QFES. | | | | | | | | | | | | |
| 1. The invoice must be paid within thirty (30) days from the date of the invoice. | | | | | | | | | | | | |
| Additionally, if the Billing Customer does not pay the bill by the date the payment is due, QFES may: | | | | | | | | | | | | |
| 1. Charge the Billing Customer a late fee; | | | | | | | | | | | | |
| 1. Engage a mercantile agent to recover the money the Billing customer owes to QFES. If QFES engages a mercantile agent, QFES may charge the Billing Customer a recovery fee; | | | | | | | | | | | | |
| 1. Institute legal proceedings against the Billing Customer to recover the money the Billing customer owes QFES. If QFES institutes legal proceedings, QFES may seek to recover reasonable legal costs. | | | | | | | | | | | | |
| By signing this request, I confirm that I understand the terms and conditions of the request. | | | | | | | | | | | | |
| Signature | | | | Date | | | | | | | | |
|  | | | |  | |  | | | | | | |