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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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |  |
| **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

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|       |

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| Does this submission relate to combustible cladding? [ ]  Yes [ ]  NoIs this an “affected” building that has been registered with QBCC? [ ]  Yes [ ]  No |
| If so, please provide the QBCC Unique Building Identification Number  |       |
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| **SECTION 5: CONFIRMATION** |

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| **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 |
|  |  |       |