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| **SECTION 1: LOCATION DETAILS** | | | | | | | | | | | | | | | | | |
| Site Name | | | | | | | | | QFES Job No. (if known) | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | | |
| 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: CERTIFIER DETAILS** | | | | | | | | | | | | | | | | |
| Title | First Name | | | | | | | | Mailing Address | | | | | | | |
|  |  | | | | | | | |  | | | | | | | |
| Last Name | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| Company Name (if applicable) | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| ABN | | | BSA Licence No. | | | | | Suburb/State | | | | | | Postcode | | |
|  | | |  | | | | |  | | | | | |  | | |
| Email | | | | | Mobile | | | | Phone | | | Fax | | | | |
|  | | | | |  | | | |  | | |  | | | | |
| **SECTION 5: BUILDER DETAILS *(Building Regulation 2021, s64)*** | | | | | | | | | | | | | | | | |
| *Note: Builder details must be completed to receive a copy of the inspection report.* | | | | | | | | | | | | | | | | |
| Title | First Name | | | | | | | | Mailing Address | | | | | | | |
|  |  | | | | | | | |  | | | | | | | |
| Last Name | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| Company Name (if applicable) | | | | | | | | |  | | | | | | | |
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|  | |  | |  | | | | | Suburb/State | | | | | | Postcode | |
|  | | | | | |  | |
| Email | | | | | | Mobile | | | | | Phone | | Fax | | | |
|  | | | | | |  | | | | |  | |  | | | |
| **SECTION 6: INSPECTION DETAILS** | | | | | | | | | | | | | | | | |
| **Inspection Details**  *QFES Staff will contact you to confirm the inspection details.*   |  |  | | --- | --- | | **On-site contact Person** | | | Name | | |  | | | Phone | Mobile | | | |  |  | | Email | | |  | | | **Note:** Inspection of Fire Detection & Alarm Systems will be  in accordance with the QFES Fire Alarms and Building  Design Guidelines (supporting documentation is required).  Refer to <https://www.qfes.qld.gov.au/planning-and-compliance/alarm-monitoring/unwanted-alarm-activation> for further details. | | | | | | | | | | | | | | |  |  | | --- | --- | | **Special Fire Services to be Inspected** | | | Air Handling System for Smoke Control | | | BCA, Clause E1.10 | | | Building Act 1975, Section 79 | | | Emergency Lifts | | | Fire Control Centre | | | Fire Detection & Alarm Systems ►*See note below* | | | Fire Hydrants (hydrants not on a boosted system) | | | Fire Mains (tanks, pumpsets, hydrants on a boosted  system) | | | Smoke & Heat Venting | | | Smoke Exhaust Systems | | | Emergency Sound Systems and Intercom Systems | | Special Automatic Fire Suppression Systems | | Sprinklers | | Stairwell Pressurisation | | Vehicular Access for Large Isolated Buildings | | Wall-Wetting Sprinklers | | | | | |
| Does this submission relate to combustible cladding?  Is this an “affected” building that has been registered with QBCC?  If so, please provide the QBCC Unique Building Identification Number | | | | | | | Yes  No  Yes  No | | | |
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**SECTION 7: 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 | |
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