|  |
| --- |
| **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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |  |
| **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) |       |
|       |       |
|  |  |  | 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 bein accordance with the QFES Fire Alarms and BuildingDesign Guidelines (supporting documentation is required).Refer to <https://www.qfes.qld.gov.au/planning-and-compliance/alarm-monitoring/unwanted-alarm-activation> for further details. |

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| **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 |
|       |  |
|  |  |  |  |

**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 |
|  |  |  |