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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: LOCATION DETAILS** | | | | | | | | | | | | | | | | |
| Site Name | | | | | | | | | QFR 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: ACCEPTED DEVELOPMENT AGENCIES** | | | | | | | | | | | | | | | | |
| Is this referral for Accepted Development  (as prescribed under the *Planning Regulation 2017*)? | | | | | | |  | Yes | | | |  | No | | | |
| If yes, who will receive correspondence usually sent to the Certifier? | | | | | | |  | Registered Certifier | | | | | |  | Other Contact Person | |
|  | | | | | | | ►*In either case, enter contact details in Section 5: Certifier Details* | | | | | | | | | |
| **SECTION 5: CERTIFIER DETAILS** | | | | | | | | | | | | | | | | |
| Title | First Name | | | | | | | | Mailing Address | | | | | | | |
|  |  | | | | | | | |  | | | | | | | |
| Last Name | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| Company Name (if applicable) | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| ABN | | | BSA Licence No. | | Suburb/State | | | | | | | | | | Postcode | |
|  | | |  | |  | | | | | | | | | |  | |
| E-mail | | | | | Mobile | | | | | Phone | | | | | Fax | |
|  | | | | |  | | | | |  | | | | |  | |
| **SECTION 6: FIRE ENGINEER DETAILS** *This section is only required for referrals with a Performance Solution component.* | | | | | | | | | | | | | | | | |
| Title | First Name | | | | | | | | Mailing Address | | | | | | | |
|  |  | | | | | | | |  | | | | | | | |
| Last Name | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| Company Name (if applicable) | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| ABN | | RPEQ No. | | BSA FSP No. | | Suburb/State | | | | | | | | | Postcode | |
|  | |  | |  | |  | | | | | | | | |  | |
| E-mail | | | | | | Mobile | | | | | Phone | | | | Fax | |
|  | | | | | |  | | | | |  | | | |  | |
| **SECTION 7: ASSESSMENT DETAILS** | | | | | | | | | | | | | | | | |
| **Application Type** | | | | | | | | | | | Multiple Building Application  *Tick this box if application forms part of a Multiple Building Application. Refer to conditions in Section 8 for more details.* | | | | | BA Number |
| Assessment | | | | | | | | | | |  | | | | |  |
| Re-Assessment ►If Re-Assessment, has the solution type changed? | | | | | | | | | | |  | | | | | DA Number |
| No  PS to DTS  DTS to PS | | | | | | | | | | |  | | | | |  |
| **Building Class and Use** | | | | | | | | | | |  | | | | |  |
| Existing Use | | | | | | | | Proposed Use | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| Existing Class | | | | | | | | Proposed Class | | | | | | | | |
| 1b 2 3 4 5 6 7a 7b 8 9a 9b 9c | | | | | | | | 1b 2 3 4 5 6 7a 7b 8 9a 9b 9c | | | | | | | | |
| Construction Type | | | | | | | | What legislation is to be used for the assessment? | | | | | | | | |
| A B C I II III IV V n/a | | | | | | | |  | | | | | | | | |
| **Nature of Application**  Building Approval  Fit-out of a Building   Special Structure  Change of Class/Use  Marina   Temporary Structure  Referral Agency Response Prior to Engaging a Certifier | | | | | | | | | | | | | | | | |
| Does the building work include a Performance Solution Component?  Does this submission relate to combustible cladding?  Is this an “affected” building that has been registered with QBCC? | | | | | | | | | Yes  No  Yes  No  Yes  No | | | | | | | |
| If so, please provide the QBCC Unique Building Identification Number | | | | | | | | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Additional information for this application (optional) | | | | | |
|  | | | | | |
| **Special Fire Services to be Assessed** | | **Building Details** | | | |
| Air Handling System for Smoke Control | | Other Aspects | | Floor Area | |
| BCA, Clause E1.10 | | No. of Storeys | | Existing (m2) | |
| *Building Act 1975*, Section 79 | |  | |  | |
| Emergency Lifts | | Rise in Storeys | | New/Additional (m2) | |
| Fire Control Centre | |  | |  | |
| Fire Detection & Alarm Systems ►*See note below* | | Effective Height (m) | | Largest Fire Compartment (m2) | |
| Fire Hydrants (hydrants not on a boosted system) | |  | |  | |
| Fire Mains (tanks, pumpsets, hydrants on a boosted system) | |  | | Total (m2) | |
| Smoke & Heat Venting | |  | |  | |
| Smoke Exhaust Systems | |  | | |  |
| Emergency Sound Systems and Intercom Systems | **Note:** Assessment of Fire Detection and Alarm Systems will | | | | |
| Special Automatic Fire Suppression Systems | be in accordance with the Fire Alarms and Building | | | | |
| Sprinklers | Design Guidelines (supporting documentation is required). | | | | |
| Stairwell Pressurisation | Refer to <https://www.fire.qld.gov.au/compliance-and-planning/referral-agency-advice> for further details. | | | | |
| Vehicular Access for Large Isolated Buildings |  | | | | |
| Wall-Wetting Sprinklers |  | | | | |
| |  | | --- | | **SECTION 8: CONFIRMATION** |  |  | | --- | |  | | | | | | |
| **Privacy** | | | | | |
| For details regarding privacy and other disclosures of your personal information, refer to the Government policy, available via <https://www.qld.gov.au/legal>  .  . | | | | | |
| **Multiple Building Application** | | | | | |
| For Applications to form part of a Multiple Building Application they must meet the following requirements:   * Be lodged on the same day; and * Are for the same Site; and * Have the same Billing Customer; and * Have the same Development Approval for Building Work number; and * Have the same Nature of Application.   Multiple Building Applications excludes Marinas, Temporary Structures, Change of Classification/Use, Special Structures or Request for Comment on FEB.  **Note:** QFR requires a separate Request Form for each building forming part of a Multiple Building Application. Should the proposed work/s meet the above criteria ensure that you select the Multiple Building Application checkbox in Section 7, Assessment Details. | | | | | |
| **Payment of Fees** | | | | | |
| Fees are charged in accordance with the *Fire 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: QFR recommends that the terms of payment are provided to the Billing Customer; [Terms and Conditions for Payment of Fees](https://www.fire.qld.gov.au/compliance-and-planning/referral-agency-advice). | | | | | |
| 1. The Billing Customer will pay the fees and charges prescribed for the identified services by an accepted payment method. | | | | | |
| 1. The invoice must be paid within 14 days from the date of the invoice. | | | | | |
| Additionally, if the Billing Customer does not pay the bill by the date the payment is due, we may: | | | | | |
| 1. Charge a late fee; | | | | | |
| 1. Engage a mercantile agent to recover the money owed. If QFR engage a mercantile agent, a recovery fee may also be charged; | | | | | |
| 1. Institute legal proceedings to recover the money owed. If legal proceedings is instituted, QFR 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 | | | | |
|  |  | |  | | |