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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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **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 |  |
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| **SECTION 8: CONFIRMATION** |

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| **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 |
|       |  |       |