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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***When to use this form***  *This form is ONLY for requests for QFR preliminary input and comment on a Fire Engineering Brief (FEB) where a meeting to discuss the Fire Engineering Brief has not been requested. If you require a meeting to discuss the Fire Engineering Brief, please use Form CSO 043 Request for Meeting.*  *A copy of the Fire Engineering Brief, specifications for proposed performance solution and drawings must be provided.*  ***Please note that this form does not constitute a formal request for assessment and therefore no ‘referral agency assessment period’ applies.***  ***SECTION 1: LOCATION DETAILS***  ***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 | | | | |
|  | | | | | |  | | | |  | | | | |

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| **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 | | | | |
|  | | | | | | |  | | | | |  | | | | |
| **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: FIRE ENGINEER DETAILS** | | | | | | | | | | | | | | | | |
| Title | First Name | | | | | | | | | | | Mailing Address | | | | |
|  |  | | | | | | | | | | |  | | | | |
| Last Name | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | |  | | | | |
| Company Name (if applicable) | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | |  | | | | |
| ABN | | RPEQ No. | | | | BSA FSP No. | | | Suburb/State | | | | Postcode | | | |
|  | |  | | | |  | | |  | | | |  | | | |
| Email | | | | | | | | Mobile | | | Phone | | | Fax | | |
|  | | | | | | | |  | | |  | | |  | | |

Does this submission relate to combustible cladding?  Yes  No

Is this an “affected” building that has been registered with QBCC?  Yes  No

|  |  |
| --- | --- |
| If so, please provide the QBCC Unique Building Identification Number? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | **SECTION 6: CONFIRMATION** |  |  | | --- | |  | | | |
| **Privacy** | | |
| For details regarding privacy and other uses and disclosures of your personal information, refer to the Government policy, available via <https://www.qld.gov.au/legal>. | | |
| **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 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, 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 proceeding 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 | |
|  |  |  |