CSO 043 – Request for Meeting

Responsible Owner: Director, Community Safety and Resilience Branch

Audience:  SCSD  State Ops  QFR  RFSQ

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| SECTION 1: LOCATION DETAILS | | | | | | | | | | | | | | |
| Concept Only – Address Not Required *Tick this box if the meeting is to discuss a building design where the proposed site is unknown.* | | | | | | | | | QFR Job No. (if known): | | | | | |
| Site Name: | | | | | | | | | | | | | | |
| 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 DEVLEOPMENT APPLICANT DETAILS (as defined in section 280 of the *Planning Act 2016*) | | | | | | | | | | | | | | |
| *Person and/or Company is required*. | | | | | | | | | | | | | | |
| Title: |  | | | | | | | Mailing Address: | | | | | | |
| First Name: |  | | | | | | |  | | | | | | |
| 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.* | | | | | | | | | | | | | | |
| Customer Order Ref: | | | | | | | | Mailing Address: | | | | | | |
| Title: |  | | | | | | |  | | | | | | |
| First Name: |  | | | | | | |  | | | | | | |
| Last Name: |  | | | | | | | Suburb/State: | | | | | | |
| Company Name:  *(if applicable)* |  | | | | | | | Postcode: | | | | | | |
| ABN: | | | | | | | Mobile: | | | | | | | |
| Email: | | | | Phone: | | | | | | Fax: | | | | |

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| SECTION 4: MEETING DETAILS | |
| *Queensland Fire and Rescue (QFR) staff will contact to confirm the meeting details.* | |
| **Meeting Description** | **Proposed Attendees** |
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| Has there been previous contact with QFR staff on this matter?  Yes  No | |
| If yes, Name of Officer: | |
| Does this submission relate to combustible cladding?  Yes  No | |
| Is this an ‘affected’ building which has been registered with the QBCC?  Yes  No | |
| If so, provide the QBCC Unique Building Identification Number: | |
| SECTION 5: CONFIRMATION | |
| **Privacy**  Refer to the Queensland Government website [www.qld.gov.au/legal](http://www.qld.gov.au/legal) for details regarding the privacy and other uses and disclosures of personal information. | |
| **Payment of Fees (if applicable)**  Fees are charged in accordance with the *Fire Services Act 1990* and the *Building Fire Safety Regulation 2008*.  I confirm in lodging this request I am acting as the agent on behalf of the nominated Billing Customer or any alternative nominee and that I hold the necessary agency authority to so act.  Note: QFD recommends the terms of payment are provided to the Billing Customer; [Terms and Conditions of Payment Fees](https://www.qfes.qld.gov.au/planning-and-compliance/referral-agency-advice).   1. The Billing Customer will pay to QFD the fees and charges prescribed for the identified services by a payment method accepted by QFD. 2. 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, QFD may:   1. Charge the Billing Customer a late fee 2. Engagement a mercantile agent to recover the money the Billing Customer owes to QFD. If QFD engages a mercantile agent, QFD may charge the Billing Customer a recovery fee. 3. Institute legal proceedings against the Billing Customer to recover the money the Billing Customer owes QFD. If QFD institutes legal proceedings, QFD 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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