CSO 022 – Request for Inspection

Responsible Owner: Director, Community Safety and Resilience Branch

Audience:  SCSD  State Ops  QFR  RFSQ

## Section 1: Location Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site name: |  | | QFR Job No.  (if known) |  |
| Structure Name: |  | | Business Name: |  |
| Street Address: |  | | | |
| Suburb: |  | | Postcode: |  |
| Sub Unit: |  | | Floor Level: |  |
| **Lot Plan Details:** | | | | |
| Lot No. | Plan Type: | Plan No. | Parish: | County: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Section 2: Building Development Applicant Details (as defined in section 280 of the *Planning Act 2016*)

**Note:** Person and/or company is required.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | First Name: |  | | Last Name: |  | | |
| Mailing Address: | |  | | Suburb: |  | | Postcode: |  |
| Company Name: (if applicable) | |  | | | ABN: |  | | |
| Email: | |  | | Phone: |  | Mobile: |  | |

## Section 3: Billing Details

Note: 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 Reference No. |  | Company Name:  (if applicable) |  | ABN: |  |
| Title: |  | First Name: |  | Last Name: |  |
| Mailing Address: |  | Suburb/State |  | Postcode: |  |
| Email |  | Phone: |  | Mobile: |  |

**Section 4: Certifier Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | First Name: | |  | | Last Name: |  | | |
| Mailing Address: | |  | | | Suburb: |  | | Postcode: |  |
| Company Name (if applicable) | |  | | | ABN |  | | BSA Licence No. |  |
| Email: | | |  | | Phone: |  | Mobile: |  | |

## Section 5: Builder Details (section 49, *Building Regulation 2021*)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | First Name: | |  | | Last Name: |  | | |
| Mailing Address: | |  | | | | Suburb: |  | Postcode: |  |
| Company Name (if applicable) | |  | | | | | | | |
| Email: | | |  | | Phone: |  | Mobile: |  | |

## Section 6: Inspection Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inspection Details**  **Note:** QFR staff will contact you to confirm the inspection details.  **Onsite Contact Person**  Name   |  | | --- | |  |   Phone Mobile   |  |  |  | | --- | --- | --- | |  |  |  |   Email   |  | | --- | |  |   **Note:** Inspection of Fire Detection and Alarm Systems will be in accordance with the QFD Fire Alarms and Building Design Guidelines (supporting documentation is required).  Refer to <https://www.fire.qld.gov.au/compliance-and-planning/alarm-monitoring/unwanted-alarm-activation> for further details.  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: | **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 and Alarm Systems ►*See note below*  Fire Hydrants (hydrants not on a boosted system)  Fire Mains (tanks, pumpsets, hydrants on a boosted  system)  Smoke and 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 |

**Section 7: Confirmation**

|  |
| --- |
| **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**  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 and 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 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).  The billing customer will pay to QFD the fees and charges prescribed for the identified services by a payment method accepted by QFD.   * 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. Engage 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, 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** |
|  |  | Click or tap to enter a date. |

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