



Request for Assessment

SECTION 1: LOCATION DETAILS

Site Name

Street Address

Suburb Postcode

Structure Name

Business Name

Sub Unit Floor Level

QFES Job No. (if known)

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

Last Name

Company Name (if applicable)

ABN Mobile

Email

Mailing Address

Suburb/State Postcode

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.

Title First Name

Last Name

Company Name (if applicable)

ABN Mobile

Mailing Address

Suburb/State Postcode

Phone Fax

Email

SECTION 4: ACCEPTED DEVELOPMENT AGENCIES

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Is this referral for an 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		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Name	<input type="text"/>			
Company Name (if applicable)	<input type="text"/>			
ABN	BSA Licence No.	Suburb/State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email		Mobile	Phone	Fax
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 6: FIRE ENGINEER DETAILS

This section is only required for referrals with an Performance Solution component.

Title	First Name	Mailing Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Last Name	<input type="text"/>				
Company Name (if applicable)	<input type="text"/>				
ABN	RPEQ No.	BSA FSP No.	Suburb/State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email			Mobile	Phone	Fax
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 7: ASSESSMENT DETAILS

Application Type <input type="checkbox"/> Assessment <input type="checkbox"/> Re-Assessment		If Re-Assessment, has the solution type changed? <input type="checkbox"/> No <input type="checkbox"/> PS to DTS <input type="checkbox"/> DTS to PS		<input type="checkbox"/> Multiple Building Application <i>Tick this box if this application forms part of a Multiple Building Application. Refer to the conditions in Section 8 for more details.</i>		BA Number <input type="text"/> DA Number <input type="text"/>	
Building Class and Use Existing Use <input type="text"/> Existing Class 1b 2 3 4 5 6 7a 7b 8 9a 9b 9c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Proposed Use <input type="text"/> Proposed Class 1b 2 3 4 5 6 7a 7b 8 9a 9b 9c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Construction Type A B C I II III IV V n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				What legislation is to be used for the assessment? <input type="text"/>			
Nature of Application <input type="checkbox"/> Building Approval <input type="checkbox"/> Fit-out of a Building <input type="checkbox"/> Change of Class/Use <input type="checkbox"/> Marina		<input type="checkbox"/> Special Structure <input type="checkbox"/> Temporary Structure		<input type="checkbox"/> Referral Agency Response Prior to Engaging a Certifier			
Does the building work include a Performance Solution component?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide a brief outline of this application (optional) <input type="text"/>			
Does this submission relate to combustible cladding?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this an "affected" building that has been registered with QBCC?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, please provide the QBCC Unique Building Identification Number		<input type="text"/>					

Special Fire Services to be Assessed

- Air Handling System for Smoke Control
- BCA, Clause E1.10
- Building Act 1975, Section 79
- Emergency Lifts
- Fire Control Centre
- Fire Detection & Alarm Systems *See note below*
- Fire Hydrants (hydrants not on a boosted system)
- Fire Mains (tanks, pumpsets, hydrants on a boosted system)
- Smoke & Heat Venting
- Smoke Exhaust Systems
- Emergency Sound Systems and Intercome Systems
- Special Automatic Fire Suppression Systems
- Sprinklers
- Stairwell Pressurisation
- Vehicular Access for Large Isolated Buildings
- Wall-Wetting Sprinklers

Building Details

Other Aspects	Floor Area
No. of Storeys <input type="text"/>	Existing (m ²) <input type="text"/>
Rise in Storeys <input type="text"/>	New/Additional (m ²) <input type="text"/>
Effective Height (m) <input type="text"/>	Largest Fire Compartment (m ²) <input type="text"/>
	Total (m ²) <input type="text"/>

Note: Assessment of Fire Detection & Alarm Systems will be in accordance with the QFES Fire Alarms and Building Design Guidelines (supporting documentation is required).

Refer to www.qfes.qld.gov.au/buildingsafety/unwanted/guidelines.asp for further details.

SECTION 8: CONFIRMATION

Privacy

Refer to the Queensland Government website www.qld.gov.au/legal/ for details regarding privacy and other uses and disclosures of your personal information.

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: QFES 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 and Emergency 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: QFES recommends that the terms of payment are provided to the Billing Customer; [Terms and Conditions of Payment of Fees](#).

- (a) The Billing Customer will pay to QFES the fees and charges prescribed for the identified services by a payment method accepted by QFES.
- (b) The invoice must be paid within fourteen (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, QFES may:

- (a) Charge the Billing Customer a late fee;
- (b) Engage a mercantile agent to recover the money the Billing Customer owes to QFES. If QFES engage a mercantile agent, QFES may charge the Billing Customer a recovery fee;
- (c) Institute legal proceedings against the Billing Customer to recover the money the Billing Customer owes QFES. If QFES institute legal proceedings, QFES may seek to recover reasonable legal costs.

By submitting this request, I confirm that I understand the terms and conditions of the request.

Signature

Date

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[Print Form](#)