



Application to Inspect/Reinspect Special Fire Services and/or Alternative Solution Design



SECTION 1: LOCATION DETAILS

Site Name <input style="width: 95%;" type="text"/>		QFRS Job No. (if known) <input style="width: 95%;" type="text"/>	
Street Address <input style="width: 95%; height: 40px;" type="text"/>		Structure Name <input style="width: 95%;" type="text"/>	
Suburb <input style="width: 95%;" type="text"/>		Business Name <input style="width: 95%;" type="text"/>	
Postcode <input style="width: 95%;" type="text"/>	Sub Unit <input style="width: 95%;" type="text"/>	Floor Level <input style="width: 95%;" type="text"/>	

Lot Plan Details

Lot Number	Plan Type	Plan Number	Parish	County
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Continue on last page if additional space for Lot Plans is required.

SECTION 2: APPLICANT DETAILS

Person and/or Company is required.

Title <input style="width: 95%;" type="text"/>	Mailing Address <input style="width: 95%; height: 60px;" type="text"/>
First Name <input style="width: 95%;" type="text"/>	Suburb / State <input style="width: 95%;" type="text"/>
Last Name <input style="width: 95%;" type="text"/>	
Company Name (if applicable) <input style="width: 95%;" type="text"/>	
ABN <input style="width: 95%;" type="text"/>	Mobile <input style="width: 95%;" type="text"/>
Email <input style="width: 95%;" type="text"/>	
Phone <input style="width: 95%;" type="text"/>	
Fax <input style="width: 95%;" type="text"/>	

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. <input style="width: 95%;" type="text"/>	Mailing Address <input style="width: 95%; height: 60px;" type="text"/>
Title <input style="width: 95%;" type="text"/>	Suburb / State <input style="width: 95%;" type="text"/>
First Name <input style="width: 95%;" type="text"/>	
Last Name <input style="width: 95%;" type="text"/>	
Company Name (if applicable) <input style="width: 95%;" type="text"/>	
ABN <input style="width: 95%;" type="text"/>	Mobile <input style="width: 95%;" type="text"/>
Email <input style="width: 95%;" type="text"/>	
Phone <input style="width: 95%;" type="text"/>	
Fax <input style="width: 95%;" type="text"/>	



SECTION 4: 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.			
<input type="text"/>	<input type="text"/>	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 5: FIRE ENGINEER DETAILS

This section is only required for applications with an Alternative 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.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	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 6: INSPECTION DETAILS

<p>Inspection Details</p> <p><i>QFRS Staff will contact you to confirm the proposed inspection details. The QFRS will make every effort but may not be able to accommodate your proposed date and time.</i></p> <p>Proposed Inspection Date <input type="text"/> Proposed Inspection Time <input type="radio"/> am <input type="radio"/> pm</p> <p>On-site Contact Person</p> <p>Name <input type="text"/></p> <p>Phone <input type="text"/> Mobile <input type="text"/></p> <p>Email <input type="text"/></p> <p>Note: Inspection of Fire Detection & Alarm Systems will be in accordance with the QFRS Fire Alarms and Building Design Guidelines (supporting documentation is required).</p> <p>Refer to www.fire.qld.gov.au/buildingsafety/unwanted/guidelines.asp for further details.</p>	<p>Special Fire Services to be Assessed</p> <p><input type="checkbox"/> Air Handling System for Smoke Control</p> <p><input type="checkbox"/> Building Act 1975, Section 79</p> <p><input type="checkbox"/> BCA, Clause E1.10</p> <p><input type="checkbox"/> Emergency Lifts</p> <p><input type="checkbox"/> Fire Control Centre</p> <p><input type="checkbox"/> Fire Detection & Alarm Systems See note below</p> <p><input type="checkbox"/> Fire Hydrants (hydrants not on a boosted system)</p> <p><input type="checkbox"/> Fire Mains (tanks, pumpsets, hydrants on a boosted system)</p> <p><input type="checkbox"/> Special Automatic Fire Suppression Systems</p> <p><input type="checkbox"/> Vehicular Access for Large Isolated Buildings</p> <p><input type="checkbox"/> Smoke Exhaust Systems</p> <p><input type="checkbox"/> Smoke & Heat Venting</p> <p><input type="checkbox"/> Sound & Intercom System for Emergency Purposes</p> <p><input type="checkbox"/> Stairwell Pressurisation</p> <p><input type="checkbox"/> Sprinklers</p> <p><input type="checkbox"/> Wall-Wetting Sprinklers</p>
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SECTION 7: APPLICANT CONFIRMATION

Privacy

For details regarding privacy and other uses and disclosures of your personal information, refer to the Department of Community Safety Information Privacy Plan, available on the Department's website www.communitysafety.qld.gov.au.

Payment of Fees

Fees are charged in accordance with the *Fire and Rescue Service Act 1990* or the *Building Fire Safety Regulation 2008*.

I confirm in lodging this application that 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: The QFRS recommends that the [QFRS Terms of Payment](#) are provided to the Billing Customer.

- (a) The Billing Customer will pay to the QFRS the fees and charges prescribed for the identified services by a payment method accepted by the QFRS.
- (b) All fees are due and payable fourteen (14) days from the date an invoice is issued by the QFRS.

Additionally if the Billing Customer does not pay the bill by the date the payment is due, the QFRS may:

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

By signing this application, I confirm that I understand the terms and conditions of application.

Applicant Signature

Date

