



# Application to Assess/Reassess Special Fire Services and/or Alternative Solution Design



## SECTION 1: LOCATION DETAILS

Site Name		QFES Job No. (if known)	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Street Address		Structure Name	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>		Business Name	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Suburb	Postcode	Sub Unit	Floor Level
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Lot Plan Details</b>			
Lot Number	Plan Type	Plan Number	Parish
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

## SECTION 2: APPLICANT DETAILS

*Person and/or Company is required.*

Title	First Name	Mailing Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Last Name		<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Company Name (if applicable)		<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
ABN	Mobile	Suburb / State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email	Phone	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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.	Mailing Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Title	
First Name	
Last Name	
Suburb / State	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company Name (if applicable)	Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ABN	Mobile
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email	
<input style="width: 100%;" type="text"/>	

**SECTION 4: SELF ASSESSING AGENCIES**

Is this application for a Self-Assessing Agency (as prescribed under the *Sustainable Planning Regulation 2009*)?  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 style="width: 100%; height: 100%;" 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"/>	
E-mail	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 Applications with an Alternative Solution component.*

Title	First Name	Mailing Address		
<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 100%;" 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"/>
E-mail	Mobile	Phone	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**SECTION 7: ASSESSMENT DETAILS**

<b>Application Type</b>		<input type="checkbox"/> Multiple Building Application	BA Number																				
<input type="checkbox"/> Assessment			<input type="text"/>																				
<input type="checkbox"/> Re-Assessment	▶ If Re-Assessment, has the solution type changed?	<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>	DA Number																				
<input type="checkbox"/> No	<input type="checkbox"/> AS to DTS <input type="checkbox"/> DTS to AS		<input type="text"/>																				
<b>Building Class and Use</b>																							
Existing Use		Proposed Use																					
<input type="text"/>		<input type="text"/>																					
Existing Class		Proposed Class																					
1b	2	3	4	5	6	7a	7b	8	9a	9b	9c	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"/>	<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		What legislation is the Certifier using for the assessment?																					
A	B	C	I	II	III	IV	V	n/a	<input style="width: 100%; height: 20px;" type="text"/>														
<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"/>															
<b>Nature of Application</b>																							
<input type="checkbox"/> Building Approval	<input type="checkbox"/> Fit-out of a Building	<input type="checkbox"/> Special Structure	<input type="checkbox"/> Referral Agency Response																				
<input type="checkbox"/> Change of Class/Use	<input type="checkbox"/> Marina	<input type="checkbox"/> Temporary Structure																					
Does the building work include an Alternative Solution Component? <input type="checkbox"/> Yes <input type="checkbox"/> No																							

If Yes, what are the specific Alternative Solution components?

Please provide a brief outline of this application (optional)

### 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
- Sound & Intercom System for Emergency Purposes
- 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

Existing (m<sup>2</sup>)

Rise in Storeys

New/Additional (m<sup>2</sup>)

Effective Height (m)

Largest Fire Compartment (m<sup>2</sup>)

Total (m<sup>2</sup>)

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

Refer to [www.qfes.qld.gov.au/buildingsafety/unwanted/guidelines.asp](http://www.qfes.qld.gov.au/buildingsafety/unwanted/guidelines.asp) for further details.

## SECTION 8: 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.qld.gov.au/legal/](http://www.qld.gov.au/legal/).

### 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, Referral Agency Response or Request for Comment on FEB.

**Note:** The QFES requires a separate 'Application to Assess' 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 application 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 QFES recommends that the terms of payment are provided to the Billing Customer; [www.qfes.qld.gov.au/buildingsafety/referral-agency-advice.asp](http://www.qfes.qld.gov.au/buildingsafety/referral-agency-advice.asp)

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

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

- (a) Charge the Billing Customer a late fee;
- (b) Engage a mercantile agent to recover the money the Billing customer owes to the QFES. If the QFES engages a mercantile agent, the 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 the QFES. If the QFES institutes legal proceedings, the QFES may seek to recover reasonable legal costs.

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

Applicant Signature

Date