

**INFORMATION REGARDING APPROVED FORM**

The information collected in this form is required under the applicable legislation listed: *Building Act 1975 (QLD) (the Act) section 254 and Building Regulation 2006 (Qld) (the Regulation) section 16ZN.*

A building owner can engage an agent to act on their behalf to complete the required steps to comply with the Regulation. Before the agent does an act for the owner, this form must be completed, and uploaded into the safer buildings combustible cladding checklist online system.

**PENALTIES APPLY FOR NON-COMPLIANCE**

**Completing this form**

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – any amendments should be crossed out and initialled

Go to [www.saferbuildings.qld.gov.au](http://www.saferbuildings.qld.gov.au) to submit this application

**If you are a body corporate manager for a building which is subject to an Act listed in Part 4A of the *Building Regulation 2006* complete parts 1,2,3,4b and 5 and attach a document evidencing your authority to act on behalf of the owner.**

**1. BUILDING DETAILS**

Lot no	<input type="text"/>	RP number	<input type="text"/>	Plan no.	<input type="text"/>
Street address (include no., street, suburb or locality)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. OWNER'S DETAILS**

Building owner's full name	<input type="text"/>				
	<input type="text"/>				
Contact person is:	<input type="checkbox"/>	Building owner	<input type="checkbox"/>	Building owner's authorised agent	
Contact person's full name (if owner is a company or body corporate)	<input type="text"/>				
	<input type="text"/>				
*Postal address	<input type="text"/>				
	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
	(*All correspondence will be mailed to the address)				
Contact phone	<input type="text"/>	Fax	<input type="text"/>		
Email	<input type="text"/>				

**3. AGENT'S DETAILS**

Agent's full name (Contact person's name - if company)	<input type="text"/>				
	<input type="text"/>				
*Postal address	<input type="text"/>				
	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
	(*All correspondence will be mailed to the address)				
Contact phone	<input type="text"/>	Fax	<input type="text"/>		
Email	<input type="text"/>				



