

INFORMATION REGARDING APPROVED FORM

A building owner can engage under s16ZN 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.

Go to www.saferbuildings.qld.gov.au to submit this form

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

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"/>	Plan type	<input type="text"/>	Plan no	<input type="text"/>
Street address <small>(include no., street, suburb/locality and postcode)</small>	<input type="text"/>				
	<input type="text"/>			State	<input type="text"/>
	<input type="text"/>			Postcode	<input type="text"/>
Building name <small>(if applicable)</small>	<input type="text"/>				

2. BUILDING OWNER DETAILS

Building owner's full name <small>(e.g. if a Body Corporate - Body Corporate for XYZCTSI23)</small>	<input type="text"/>										
ABN/ACN	<input type="text"/>					If a company is the building owner, please provide ABN/ACN					
Contact person's full name <small>(if owner is a company or body corporate)</small>	<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 nominated postal address)											
Contact phone	<input type="text"/>					Alternative contact no	<input type="text"/>				
Email	<input type="text"/>										
	<input type="text"/>										

3. BUILDING AGENT OR REPRESENTATIVE DETAILS (IF APPLICABLE)

Agent's full name <small>(Contact person's name - if company)</small>	<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 nominated postal address)											
Contact phone	<input type="text"/>					Alternative contact no	<input type="text"/>				
Email	<input type="text"/>										
	<input type="text"/>										

4A. DECLARATION FROM BUILDING OWNER

I,

am the building owner, as defined in section 16P of the *Building Regulation 2006*, for the building located at (street address)

Building name (if applicable)

I have engaged

to act on my behalf as my agent for the purposes of complying with Part 4A of the *Building Regulation 2006*.

I confirm that my agent has the actual authority to do anything necessary to comply with Part 4A of the *Building Regulation 2006* (Combustible Cladding) including, but not limited to:

- Registering my building on the Safer Buildings website
- Complying with the compliance timeframes
- Completing all of the required steps in the combustible cladding checklist including signing the required declarations on my behalf
- Engaging a building industry professional if required to assess my building
- Engaging a fire engineer if required to assess my buildings cladding and undertake a sampling of cladding
- Uploading required documentation into the combustible cladding checklist.

Full name of building owner

Signature of the building owner

Date

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4B. EVIDENCE OF AUTHORITY TO ACT – BODY CORPORATE MANAGER

I/we,

have been appointed as the body corporate manager for (Scheme).

I/we have the authority to do anything necessary to comply with Part 4A of the *Building Regulation 2006* and have supplied documents to the QBCC which evidences my/our authority to act for the owner.

Appointment document (please detail the document and relevant sections). **Ensure supporting document has been attached to this form.**

Please note: Only one document can be uploaded to the www.saferbuildings.qld.gov.au website (PDF format only).

5. DECLARATION FROM AGENT

I,

confirm that I have been appointed to act as an agent on behalf of the building owner

for the building located at (building address)

Building name (if applicable)

who has authorised me to do anything as necessary to comply with Part 4A of the *Building Regulation 2006* including, but not limited to:

- Registering my building on the Safer Buildings website
- Complying with the compliance timeframes
- Completing all of the required steps in the combustible cladding checklist including signing the required declarations on my behalf
- Engaging a building industry professional if required to assess my building
- Engaging a fire engineer if required to assess my buildings cladding and undertake a sampling of cladding
- Uploading required documentation into the combustible cladding checklist.

Full name of agent

Signature of the agent

D D M M Y Y Y Y
 Date

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PRIVACY NOTICE. The Queensland Building and Construction Commission (QBCC) is collecting personal information as required under the *Building Regulation 2006*. This information may be stored by the QBCC and the Department of Housing and Public Works, and will be used for administration, compliance, statistical research and evaluation of combustible cladding risk. Your personal information may be disclosed to other government agencies, local government authorities and third parties for purposes relating to administering and monitoring combustible cladding risk. Personal information will otherwise only be disclosed to third parties with your consent or unless authorised or required by law.

Go to www.saferbuildings.qld.gov.au to submit this form