

### INFORMATION REGARDING THIS FORM

*Building Act 1975 (QLD)* (the Act) section 261 and *Building Regulation 2006 (QLD)* (the Regulation) section 16ZQ(2).

This is the approved form for an owner to apply to the QBCC to replace an original combustible cladding checklist.

#### RETURN YOUR COMPLETED FORM AND ALL REQUIREMENTS BY:

Email: qbcc.saferbuildings@qbcc.qld.gov.au.

#### COMPLETING THIS FORM

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

1. BUILDING DE	TAIL	S														
	В	U	-													
Building Reference (this can be found when logging into the online system)																
Lot no				P	lan t	уре					Plar	n no				
Street address (include no., street, suburb/locality and postcode)																
									Sta	te		-	Postco	ode		
Building name (if applicable)																

# 2. BUILDING OWNER DETAILS

If the owner is a corporation, trust, body corporate/management body, an 'authorised representative' as a contact person must be shown.

Building owner's full name																				
ACN											ABN									
Contact person's full name																				
Postal address																				
												Sta	ite			F	Postco	ode		
Contact phone											Alterr conta	native act no								
*Email																				
	(*All cor	respor	denc	e will b	e ema	ailed to	the no	ominat	ed ema	ail add	ress ur	nless o	therwi	se requ	uested	)				

## **3. BUILDING AGENT OR REPRESENTATIVE DETAILS (IF APPLICABLE)**

Agent's full name (contact person's name if company)																		
Postal address																		
										Sta	ite			F	ostco	ode		
Contact phone										native act no								
contact phone																		
*Email																		
*Email																		
*Email	(*All correspo	ondenc	ce will b	e emai	iled to	the non	ninated	l email ad	ldress u	nless o	therwi	se requ	iested)					

# 4. REPLACEMENT COMBUSTIBLE CLADDING CHECKLIST

I request that the following combustible cladding checklist be replaced:

completed combustible cladding checklist Part 1

completed combustible cladding checklist Part 2

completed combustible cladding checklist Part 3

Chec	klist R	Refere	nce (e	e.g. C-0	0000)	

# **5. REASONS FOR REQUESTING A REPLACEMENT CHECKLIST**

The reason(s) I am requesting to replace the checklist is:

Provide details here (if there is insufficient space, provide your explanation in an attachment).

**IMPORTANT**: you must also include any supporting documentation to assist in determining whether your request is reasonable in the circumstances. For example:

- A new Form 34 showing the construction is not Type A or B or stating there is no combustible cladding.
- If this is a result of removing combustible cladding then any accompanying reports, statements, photographs or the like that will assist the Commissioner in considering your application.



### 6. DECLARATION BY OWNER / AGENT

I declare that the information in this form is true and correct.

Name of person providing the declaration																	
Signature							Da	ate	D	D	M	1 1	м /	Y	Y	Y	Y

**PRIVACY NOTICE.** The Queensland Building and Construction Commission (QBCC) is collecting information, including personal information, from this form 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 information, including 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. Collected information will otherwise only be disclosed to third parties with your consent or unless authorised or required by law.

SBU Form 75 Application to Replace Checklist, Version 1, April 2020