

SAFER BUILDINGS FORM 31 - APPLICATION FOR EXTENSION OF COMPLIANCE PERIOD

INFORMATION REGARDING FORM

This is the approved form to apply for an extension of time to the compliance period. Extensions may be granted if the extension is reasonable in the circumstances.

RETURN YOUR COMPLETED FORM AND ALL REQUIRED DOCUMENTS BY:

Post: GPO Box 5099 Brisbane QLD 4001;

Email: qbcc.saferbuildings@qbcc.qld.gov.au (all required documents must be scanned and attached); or

In person: QBCC Queensland service centres are listed on our website.

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

1. NATURE OF A Initial applic the complian	ation fo	r an ex	tensio		ne befo	re		Si e)	ubseqı xtende	uent ed co	appli mplia	icatior ance p	n for a	an exte I has e	ension o	of time	e befo	re the	9		
2. BUILDING DETAILS																					
2. BUILDING DE	IAILS			1																	
Lot no			Plan type										Plar	Plan no Plan n							
Street address (include no., street, suburb/locality and																					
postcode)										Sta	ate			Р	ostcode						
Building name (if applicable)																					
3. BUILDING OV If the owner is a corpo				rate/ma	anageme	ent body	y, an 'aı	ıthoris	ed repr	esent	tative'	as a co	ntact	person	must be	showr	١.				
Building owner's full name (e.g. if a Body Corporate - Body Corporate for XYZCTS123)																					
ABN/ACN									company ase provi				er,								
Contact person's full name (if owner is a company or body corporate)																					
*Postal address																					
	(*All corr	esponde	nce will	be maile	ed to the r	nominat	State Postcode Postcode														
Contact phone									Alterna												
Email																					

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4. BUILDING AGE	NT OR R	EPRESI	ENTATI	/E DET	AILS (IF APP	ICABLE))						
If the owner is a comp person must be show the proof of agency fo	n. *Note if	, body co a new bu	rporate/n ilding ow	nanagen ner wish	nent bo es to er	dy, an au ngage an	thorised rep agent to ac	oresenta t on the	ative or a eir behalf	gents deta they will b	ils as a co e required	ontact d to comp	olete	
Agent's full name														
(Contact person's name - if company)														
*Postal address														
								ate		Postcode				
	(*All corresp	oondence v	vill be maile	d to the no										
Contact phone							Alternative contact no							
Email														
Application for D C Proposed date As per the Regulation) M	M /	Y Y	Y Y			two weeks							

Please attach all documents that support your reasons for applying for an extension to the compliance period.

IMPORTANT: Do not send original documents - the QBCC will not return any documents submitted.

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6. DECLARATION *NOTE: Please ensure you have completed all fields and have included all relevant documentation and evidence. If the QBCC is not provided with sufficient information, your extension of time application may not be investigated and you will be notified accordingly.																					
I declare the information provided in this extension of time request form and any accompanying documents is true and correct.																					
Name of applicant (Building owner/ agent's full name)																					
Signature of applicant											Di	ate	D	D	/	M	M /	Υ	Υ	Y	Y

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.

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