

**INFORMATION REGARDING THIS FORM**

This is the approved form required under the *Building Regulations 2006 Section 16ZA* for an owner to notify the QBCC that an affected private building notice is displayed.

**OBLIGATION ON OWNER/AGENT:**

Section 16ZA of the Regulation states that within 5 business days after the owner displays the affected private building notice the owner is required to give a copy of this form to the QBCC via [qbcc.saferbuildings@qbcc.qld.gov.au](mailto:qbcc.saferbuildings@qbcc.qld.gov.au).

**Penalties may apply for non-compliance.**

**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 DETAILS**

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

**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 (e.g. if a Body Corporate - Body Corporate for XYZCTS123)	<input type="text"/>									
ACN	<input type="text"/>	ABN	<input type="text"/>							
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"/>									
	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>			
(*All correspondence will be mailed to the nominated postal address or forwarded electronically to the nominated email address)										
Contact phone	<input type="text"/>				Alternative contact no	<input type="text"/>				
Email	<input type="text"/>									
	<input type="text"/>									

**3. DATE THE FIRE ENGINEER STATEMENT (FORM 35) STATING THE BUILDING HAS A CLADDING FIRE RISK, WAS GIVEN TO THE OWNER BY THE FIRE ENGINEER**

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

