

## BUILDING COMPLIANCE NOTICE

### Residential Services (Accreditation) Act 2002 (Section 29)

### MP5.7 – Residential Services Building Standard 2017

This form must be used when applying, to ensure premises being used for residential services accommodation provide suitable standards of health, safety and amenity for residents by issuing a building compliance notice for the premises.

|   |   |  |
|---|---|--|
| <b>Applicant (Service Provider) Details</b> | <input type="checkbox"/> Individual applicant | <input type="checkbox"/> Corporate applicant |
| Applicant Name(s):                          |   |  |
| ACN (if corporate applicant):               |   |  |
| Contact Name (if corporate applicant):      |   |  |
| Resident/registered office address:         |   |  |
| Postal Address:                             |   |  |
| Email Address:                              |   |  |
| Telephone:                                  |   |  |
| Email:                                      |   |  |

| <b>Business Details (must be completed if applicant is trading as a business)</b> |  |
|---|--|
| Business Name:  |  |
| ABN:  |  |
| Is the business name to be used in correspondence?:                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Phone:  |  |
| Email:  |  |

| <b>Fees (please tick applicable fee/s)</b>    |          |
|---|----------|
| <input type="checkbox"/> Up to 5 persons      | \$737.00 |
| <input type="checkbox"/> 6-10 persons         | \$737.00 |
| <input type="checkbox"/> 11-20 persons        | \$737.00 |
| <input type="checkbox"/> More than 20 persons | \$858.00 |

| <b>Site Details</b>   |   |
|---|---|
| Building Name (if applicable):  |   |
| Street Address:   |   |
| Property Description (Lot and Plan Number):   |   |
| Maximum number of residents who can be accommodated:  |   |
| <i>Note: Buildings where six or more residents reside also require submission of a fire safety certificate from QFES*</i> |   |
| When was the building constructed?  |   |
| If unsure, which of the following best describes the age of the building?   | <input type="checkbox"/> Pre 1976<br><input type="checkbox"/> 1976-1992<br><input type="checkbox"/> Post 1992 |
| Gross Floor Area:   |   |
| Number of Storeys:  |   |
| Are residents provided with meals?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

| <b>Privacy Information</b>  |
|---|
| <b>Privacy Notice:</b> Council collects and uses personal information provided in accordance with the <i>Planning Act 2016</i> and <i>Information Privacy Act 2009</i> , which may include but not be limited to public access to common material relating to development applications available electronically online and/or in hard copy, and inclusion on notices. |

**Occupiers Consent**

Completion of this section is required only if the applicant is not the occupier of the premises.

Completion of this section provides the occupier's permission for Council officers to attend the property to undertake the building inspection.

|                  |  |
|------------------|--|
| Name (in full):  |  |
| Contact details: |  |
| Signature/s:     |  |
| Date:            |  |

**Checklist**

The application form must be fully completed.

The *Residential Services (Accreditation) Act 2002* section 29(2)(a) requires that the application must be in the form approved by the local government. An application will only be considered as having been received in the form approved by Council if all completed items 1-5 are provided.

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Provide a copy of a <b>certificate of classification</b> to occupy the building   |
| <input type="checkbox"/> | Provide <b>floor plan/s</b> showing the following detail: <ul style="list-style-type: none"> <li>• Size of rooms</li> <li>• Location of rooms</li> <li>• Location and size of kitchen facilities</li> <li>• Location and size of dining facilities</li> <li>• Location of common areas both indoor and outdoor</li> <li>• Location of emergency phone</li> <li>• Location of smoke alarm/s</li> </ul> |
| <input type="checkbox"/> | Provide <b>written advice</b> from a certified electrician of recent testing (within last 6 months) of early warning systems and emergency lighting. Note: this is necessary for the Council to assess compliance with MP5.7 P10 (Early Warning System) and P11 (Emergency Lighting).   |
| <input type="checkbox"/> | <b>Pay</b> the relevant fee   |

**Declaration by person making this application**

I declare that:

- The information provided in this form is complete and correct.
- I have read the privacy notice.
- I acknowledge that in the event the premises are not compliant at the time of inspection that a **reinspection fee will be charged** for a subsequent inspection.
- All required information in the checklist section of this approved form has been provided.

I acknowledge that if the requirements in Items 1-5 are not fully completed, and Incomplete Application Notice may be issued by the Council and the application will not be considered as having been received in the form approved by the local government and cannot be progressed until the notice is complied with. The decision period will not begin until the required information is submitted.

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|                   |              |

**OFFICE USE ONLY**

|   |   |                 |  |  |          |                                       |          |  |          |   |          |
|---|---|-----------------|--|--|----------|---------------------------------------|----------|--|----------|---|----------|
| Application Received (date & time):           |   | CSO Name:       |  |  |          |                                       |          |  |          |   |          |
| Application Number:                           |   | Receipt Number: |  |  |          |                                       |          |  |          |   |          |
| Fee Amount Paid:                              | <table border="1"> <tr> <td><input type="checkbox"/> Up to 5 persons</td> <td>\$737.00</td> </tr> <tr> <td><input type="checkbox"/> 6-10 persons</td> <td>\$737.00</td> </tr> <tr> <td><input type="checkbox"/> 11-20 persons</td> <td>\$737.00</td> </tr> <tr> <td><input type="checkbox"/> More than 20 persons</td> <td>\$858.00</td> </tr> </table> |                 |  | <input type="checkbox"/> Up to 5 persons | \$737.00 | <input type="checkbox"/> 6-10 persons | \$737.00 | <input type="checkbox"/> 11-20 persons | \$737.00 | <input type="checkbox"/> More than 20 persons | \$858.00 |
| <input type="checkbox"/> Up to 5 persons      | \$737.00  |                 |  |  |          |                                       |          |  |          |   |          |
| <input type="checkbox"/> 6-10 persons         | \$737.00  |                 |  |  |          |                                       |          |  |          |   |          |
| <input type="checkbox"/> 11-20 persons        | \$737.00  |                 |  |  |          |                                       |          |  |          |   |          |
| <input type="checkbox"/> More than 20 persons | \$858.00  |                 |  |  |          |                                       |          |  |          |   |          |

PO Box 1943, Hervey Bay Q 4655

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