## Form 59—Notice to inspect/test special fire services Notice to referral agency to inspect

Builder details  If the builder works for a company, a contact person must be shown	Name (in full)			
po co	Company name if applicable Contact person			
	Phone no. business hours Mobile no. Fax no.  Email address	]		
	Postal address Postcode			
2. Signature of builder	Signature Date	]		
3. Property description The description must identify all land the subject of the application.	Street address (include no., street, suburb / locality & postcode)			
The lot & plan details (eg. SP / RP) are shown on title documents or a rates notice. If the plan is not registered by title, provide previous lot and plan details.	Lot & plan details (attach list if necessary)			
	In which local government area is the land situated?			
	Development approval number			
Assessment manager / private certifier	Name (in full)			
A copy of this notice must be forwarded to the assessment manager, in accordance with section 74 of the <i>Building Act 1975</i> .  If the assessment manager or the private certifier works for a company, a contact person must be shown	Company name if applicable Contact person	7		
	Phone no. business hours Mobile no. Fax no.  Email address	]		
	Postal address	_		
	Postcode			
	Licence number			

LOCAL	GOVERNMENT	USE	ONLY

Date received Reference Number/s



required for the following fire services.	ready for inspection and/or testing.	
	Special Fire Services	Inspect Test
	Large Isolated Buildings	
	2. Emergency lifts	
	Emergency warning and intercommunication systems	
	4. Fire control centres	
	5. Fire detection alarm systems (other than stand-alone smoke alarms not required to be interconnected or connected to a fire indicator panel)	
	6. Fire fighting equipment	
	7. Sprinklers	
	8. Wall-wetting sprinklers	
	9. Special automatic fire suppression systems	
	10. Provision for special hazards	
	11. Smoke control systems	
	12. Prescribed buildings	
Details of proposed inspection / test	OFRS to complete and return to builder and building certifier  It is advised that special fire service inspection/test/s will be carried  Day Date  Name of officer  Phone no. Mobile no.	d out: Time am / pm Fax no.
	Email address	
	At property:  Street address (Include no., street, suburb / locality & postcode)  Lot & plan details (Attach list if necessary)  In which local government area is the land situated?  Development approval number	Postcode

ready for inspection and/or testing.

I advise that the special fire services shown below have been installed in the subject premises. They are

5. Test
Tick whether inspection, test or both are