

## APPLICATION FOR A DIVISION 2 OCCUPANCY PERMIT (For a Place of Public Entertainment)

## Building Act 1993 Building Interim Regulations 2017 Part11, Regulation 1002 Form 5

To: Moyne Shire Council

From Owner □ Agent of Owner □ of place of Public Entertainment	
Name:	
Postal address:	
Email address:	
Contact phone:	
OWNER OF LAND DETAILS: (Only if Agent of Owner listed above, ) Name:	
Postal address:	
Email address:	
Contact phone:	
In accordance with Section 54 of the building Act 1993, I hereby apply for a Permit for a Place of Public Entertainment at	n Occupancy
Address of Property where event is to be held:	
Property Name (where applicable):	
Event Name:	
PRESCRIBED TEMPORARY STRUCTURES:	
Is it proposed to have any of the below temporary structures?	
Seating stands for more than 20 persons:	YES NO NO
Stages exceeding 150 m2 in floor area:	YES □ NO □
Tents, marquees with a floor area more than 100m2	YES□ NO□
Prefabricated buildings not placed directly on the ground exceeding 100m2	: YES 🗆 NO 🗖
NOTE: If the answer to any of the above is yes, please provide details	below

Type of structure							
Size/Capacity of structure	re						
Building Authority Permi	t no						
Hire Company							
Hire Company Contact r	name						
Hire Company Phone no	D.						
(if more than one, please	e provide d	letails as a	n attachme	ent)			
Note: Location of all te	mporary s	structures	to be indi	cated on t	he site pla	n for the e	vent
PERIOD OF OCCUPAT	ION OF T	HE SITE (ir	nclude tim	e for estal	olishment	and remo	val):
Day	MON	TUE	WED	THURS	FRI	SAT	SU
Date							
Commencement time							
Conclusion time							
LOCATION FOR THE DISPLAY OF OCCUPANCY PERMIT Note: Must be in a prominent position accessible to the public Permit location:							
NUMBER OF PERSONS: Indicate the maximum number of persons to be at the event at any one time.							
Maximum Number of persons:							
SAFETY OFFICER DETAILS:							
Name:							
Address:							
Mobile:							
Qualifications:							
Email:							
(if more than one, please provide details as an attachment)							

## **TOILET FACILITIES:**

Notes:

- (i) One closet fixture for every 200 female persons or part thereof.
- (ii) One closet fixture or urinal for every 200 male persons or part thereof, at least 30% of which must be in the form of closet fixtures. Each 600mm continuous length of urinal is considered to be a urinal.

Nominate the number and location of all existing and portable/temporary toilet facilities

(iii) One washbasin for every 200 persons.

Has an emergency plan for the event been provided

(iv) One unisex disabled closet fixture and washbasin for every 20,000 persons or part thereof.

	No of Female		No of Mole Dane		200	No of		No of Disabled Toilets			
			No of Male Pans			Unisex				Male	<b>Nale</b>
ocation	Closet	Wash	Closet	Urinals	Wash	Closet	Wash	Closet	Wash	Closet	Was
ocation	Fixtures	Basins	Fixtures		Basins	Fixtures	Basins	Fixtures	Basins	Fixtures	Basir
OTAL											
DRINKING Note: The lo	ocation o	of all drir	•				e nom	inated on	the site	e plan.	
Nominate th	ne numb	er of dri	nking wa	ater foun	itains/ta	ps:					
SECURITY Nominate p	_	_	_	rol and s	ecurity						
The name o	of securit	ty organ	isation:								_
Contact pho	ne num	ber duri	ng event	t:							_
Number of o	crowd co	ontrol of	ficers to	be used	:						
UNSAFE A Are there ar stages etc.	_	e areas	where p	oublic ac	cess sh	ould be r	estricto	ed i.e. poi	table ge	enerators	S,
YES □	NO		If ye	es provic	de detai	s and inc	dicate l	ocations	on the s	ite plan	
EXITS: Note: exit lo	ocations	and wid	ths or do	oors or o	penings	in fencir	ng mus	st be nom	inated o	on the sit	e
plan.											

NO  $\square$ 

YES

FIRST A	AID: te the proposed first aid facilities to	be provided for the duration	on of the event				
	of first aid officers:	·					
Name of	f first aid provider:						
	FEATURES: posed to have any of the following for	eatures?					
Firework	s/Explosives/flammable Materials		YES 🗆	NO 🗆			
Amusen	nent Rides		YES 🗆	NO 🗆			
Activities	s within Council's Parks, Gardens o	r reserves*	YES 🗆	NO 🗆			
Activities	s on roadways or footpaths*		YES 🗆	NO 🗆			
Note: For features  SITE PL A site plote details a		d showing the extent of site	e boundary and	all			
	ANTS DECLARATION:	am authorised to apply for					
Signatur	e of Owner/Agent of Owner:	[	Date:				
Notes:	<ol> <li>Notes: 1. Minimum fee of \$1000# must be paid when making the application.</li> <li>2. At least 20 working days are required for processing of a division 2 Occupancy permit.</li> <li>3. Any event held within Council's Parks, Gardens or Reserves must be approved by Council's Event Unit.</li> <li>4. An event on Council controlled roadways or footpaths must be approved by Council's Engineering Department.</li> </ol>						
Return o	completed form to:	Po Box 51	Moyne Shire Council Po Box 51 Port Fairy VIC 3284				

# 2017/2018 fees and charges, subject to change with new financial year.

The information requested on this form will be used solely by the Moyne Shire Council. We will not use your personal information for any other purpose without first seeking your consent, unless authorized or required by law. The Council may not be able to process your request unless sufficient information is given. You may apply to the Moyne Shire Council for access to and/or amendment of the information on 5568 0555