

APPLICATION FOR SITING APPROVAL Temporary Structures

Building Act 1993, Section 57(1)(a)

To: Municipal Building Surveyor

FROM: Name:	
Address:	
Phone:	
Email:	
Contact:	
Owner of the land: Event Organi	ser: □ Hirer of Temporary Structures: □
EVENT Event Name:	
Event Organiser Name: Contact No.	
DATE OF EVENT://	_ TO:/
PROPERTY DETAILS Address:	
TYPE/S OF PRESCRIBED TEMPORARY	ethicture
1. Type: Occupancy Permit No:	Size (m2)
2. Type:	Size (m2)
Occupancy Permit No:	Sizo (IIIZ)
BUILDING PRACTITIONER DETAILS: Name of Temporary Structure:	
Supervisor / Erector:	
Building Practitioner Registration No:	
Telephone:	
SIGNATURE:	
Signature of Applicant:	Date:
Name (Printed):	On-site contact No:

Return completed form to: Moyne Shire Council, Po Box 51, Port Fairy VIC 3284

Fee \$700*

* 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