



**APPLICATION FOR A DIVISION 2 OCCUPANCY PERMIT (For a Place of Public Entertainment)**  
 Building Act 1993  
 Building Regulations 2018 – Part 13, Regulation 186 Form 15 and Part 14

**To: Moyne Shire Council**

**From**

This application is made by the Owner  Agent of Owner  of place of Public Entertainment

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact name / 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 an Occupancy Permit for a Place of Public Entertainment at

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

Stages exceeding 150 m<sup>2</sup> in floor area: YES  NO

Tents, marquees with a floor area more than 100m<sup>2</sup>: YES  NO

Prefabricated buildings not placed directly on the ground exceeding 100m<sup>2</sup>: YES  NO

**NOTE: If the answer to any of the above is yes, please provide details below**

Type of structure

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Size/Capacity of structure

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Building Authority Permit no

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Hire Company

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Hire Company Contact name

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Hire Company Phone no.

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(if more than one, please provide details as an attachment)

**Note: Location of all temporary structures to be indicated on the site plan for the event**

**PERIOD OF OCCUPATION OF THE SITE (include time for establishment and removal):**

Day	MON	TUE	WED	THURS	FRI	SAT	SUN
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:

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**NUMBER OF PERSONS:**

Indicate the maximum number of persons to be at the event at any one time.

Maximum Number of persons:

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**SAFETY OFFICER DETAILS:**

Name:

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Address:

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Mobile:

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Qualifications:

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Email:

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(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.
- (iii) One washbasin for every 200 persons.
- (iv) One unisex disabled closet fixture and washbasin for every 20,000 persons or part thereof.

Nominate the number and location of all existing and portable/temporary toilet facilities											
Location	No of Female		No of Male Pans			No of Unisex		No of Disabled Toilets			
	Closet Fixtures	Wash Basins	Closet Fixtures	Urinals	Wash Basins	Closet Fixtures	Wash Basins	Female		Male	
								Closet Fixtures	Wash Basins	Closet Fixtures	Wash Basins
<b>TOTAL</b>											

**DRINKING WATER:**

Note: The location of all drinking water fountains/taps must be nominated on the site plan.

Nominate the number of drinking water fountains/taps: \_\_\_\_\_

**SECURITY CROWD CONTROL:**

Nominate provisions for crowd control and security

The name of security organisation: \_\_\_\_\_

Contact phone number during event: \_\_\_\_\_

Number of crowd control officers to be used: \_\_\_\_\_

**UNSAFE AREAS:**

Are there any unsafe areas where public access should be restricted i.e. portable generators, stages etc.

YES       NO       If yes provide details and indicate locations on the site plan

**EXITS:**

Note: exit locations and widths or doors or openings in fencing must be nominated on the site plan.

Has the location and widths of all exits been nominated on the site plan      YES       NO

**EMERGENCY EVACUATION:**

Note: An emergency plan/procedure must be provided with this application.

Has an emergency plan for the event been provided      YES       NO

**FIRST AID:**

Nominate the proposed first aid facilities to be provided for the duration of the event

Number of first aid officers:

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Name of first aid provider:

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**OTHER FEATURES:**

Is it proposed to have any of the following features?

Fireworks/Explosives/flammable Materials YES  NO

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Amusement Rides YES  NO

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Activities within Council’s Parks, Gardens or reserves\* YES  NO

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Activities on roadways or footpaths\* YES  NO

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**\*Must be approved by Council**

**Note:** Further information will be required should the event include any of the above listed features.

**SITE PLAN:**

A site plan drawn to scale must be provided showing the extent of site boundary and all details as outlined above.

Has a site plan been provided indicating all of the above required features? YES  NO

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**Nature of Application – Place of public entertainment**

**Use applied for – To conduct public entertainment**

Certificates of compliance - Copies of compliance certificates for plumbing work and electrical work are attached in accordance with regulation 186(2)(b).

**APPLICANTS DECLARATION:**

I, \_\_\_\_\_ am authorised to apply for this permit on behalf of

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Signature of Owner/Agent of Owner:

Date:

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- Notes:**
1. Minimum fee of \$1081# must be paid when making the application.
  2. At least 20 working days are required for processing of a division 2 Occupancy permit.
  3. Any event held within Council’s Parks, Gardens or Reserves must be approved by Council’s Event Unit.
  4. An event on Council controlled roadways or footpaths must be approved by Council’s Engineering Department.

Return completed form to:

Moyne Shire Council  
Po Box 51  
Port Fairy VIC 3284

# 2021/2022 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