



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 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

Building Authority Permit no

Hire Company

Hire Company Contact name

Hire Company Phone no.

(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

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)

FIRST AID

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

Number of first aid officers

Name of first aid provider

OTHER FEATURES

Is it proposed to have any of the following features?

Fireworks/Explosives/flammable Materials YES NO

Amusement Rides YES NO

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

Activities on roadways or footpaths* YES NO

***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

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

Signature of Owner/Agent of Owner:

Date:

- Notes:**
- 1. Minimum fee of \$1,195.00# 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

2024/2025 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