

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 \Box Agent of Owner \Box 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 Permit for a Place of Public Entertainment at	or an 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 🗆
Stages exceeding 150 m ² in floor area:	YES□ NO□
Tents, marquees with a floor area more than 100m ²	YES□ NO□
Prefabricated buildings not placed directly on the ground exceeding 100	m²: YES□ NO□
NOTE: If the answer to any of the above is yes, please provide deta	ils below

Type of structure							
Size/Capacity of structu	re						
Building Authority Permi	it no						
Hire Company							
Hire Company Contact	name						
Hire Company Phone no	٥.						
(if more than one, pleas	e provide d	letails as a	n attachme	ent)			
Note: Location of all to	emporary	structures	to be indi	cated on t	he site pla	n for the e	vent
PERIOD OF OCCUPAT	ION OF T	HE SITE (ii	nclude tim	e for estal	olishment	and remo	val):
Day	MON	TUE	WED	THURS	FRI	SAT	SUN
Date							
Commencement time							
Conclusion time							
LOCATION FOR THE D Note: Must be in a prom Permit location			_				
NUMBER OF PERSON Indicate the maximum n Maximum Number of pe	umber of p	ersons to b	oe at the ev	vent at any	one time.		
SAFETY OFFICER DET	ΓAII S:						
Name							
Address							
Mobile							
Qualifications							
Email							
(if more than one, pleas	e provide d	details as a	n attachme	ent)			

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		Mala Bana		No of		No of Disabled Toilets				
			No of Male Pans		ns	Unisex		Female		Male	
ocation	Closet Fixtures	Wash Basins	Closet Fixtures	Urinals	Wash Basins	Closet Fixtures	Wash Basins	Closet Fixtures	Wash Basins	Closet Fixtures	Was Basi
OTAL											
Note: The lo	ocation on the numb	of all drir er of dri	nking wa				e nom	inated on	the site	plan.	_
SECURITY Nominate p				ol and se	ecurity						
The name of	of securit	ty organ	isation								_
Contact pho	ne num	ber duri	ng event	İ							
Number of o	crowd co	ontrol off	icers to	be used							
	DEAG										
UNSAFE A Are there are stages etc.	_	e areas	where p	ublic acc	cess sh	ould be r	estricte	ed i.e. por	table ge	enerators	5,
Are there ar	_							ed i.e. por ocations o	J		5 ,
Are there ar stages etc.	ny unsaf NO		lf y€	es provid	e detai	ls and inc	licate I	ocations o	on the s	ite plan	

NO \square

YES

FIRST A	AID te the proposed first aid facilities to be provided for the dura	tion of the event					
	of first aid officers						
Name of	f first aid provider						
_	FEATURES bosed to have any of the following features?						
	ks/Explosives/flammable Materials	YES □	NO 🗆				
Amusen	nent Rides	YES □	NO 🗆				
Activities	s within Council's Parks, Gardens or reserves*	YES □	NO 🗆				
Activities	s on roadways or footpaths*	YES □	NO 🗆				
*Must b	e approved by Council						
Note: For features	urther information will be required should the event include .	any of the above l	listed				
•	AN an drawn to scale must be provided showing the extent of some states above.	site boundary and	all				
Has a si	te plan been provided indicating all of the above required fe	eatures? YES	I NO □				
Use app Certifica work are	of Application – Place of public entertainment blied for – To conduct public entertainment tes of compliance - Copies of compliance certificates for place attached in accordance with regulation 186(2)(b). ANTS DECLARATION	umbing work and	electrical				
I,	am authorised to apply f	or this permit on b	ehalf of				
Signatur	re of Owner/Agent of Owner:	Date:					
Notes:	 Minimum fee of \$1,195.00# must be paid when making the application. At least 20 working days are required for processing of a division 2 Occupancy permit. Any event held within Council's Parks, Gardens or Reserves must be approved by Council's Event Unit. An event on Council controlled roadways or footpaths must be approved by Council's Engineering Department. 						
Return o	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