



**APPLICATION FOR A DIVISION 2 - OCCUPANCY PERMIT
(For a Place of Public Entertainment)
Building Act 1993
BUILDING REGULATIONS 2018**

2022/2023

**TO: Municipal Building Surveyor
Golden Plains Shire Council
PO Box 111
Bannockburn VIC 3331**

From:	Owner of Place of Public Entertainment <input type="checkbox"/>	On Behalf of Owner of Place of Public Entertainment <input type="checkbox"/>
Name:		
Postal Address:		Postcode:
Contact Person:	Phone:	Email:

Ownership Details: <i>(Only if Agent of Owner listed above)</i>		
Name:		
Postal Address:		Postcode:
Contact Person:	Phone:	Email:
In accordance with Section 53 of the Building Act 1993, I hereby apply for an Occupancy Permit for a Place of Public Entertainment at		

Property Address	
Name of Event	

Period of Occupation (Days)							
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Commencement time							
Conclusion time							

Location for the Display of Occupancy Permit
Note: Must be located in a prominent position accessible to the public.

Event Overview
Is the building or place/venue enclosed or substantially enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: Enclosed or substantially enclosed is considered to be a controlled space (by fencing, structures or natural features) that a reasonable person would see as an exclusive area.

Number of Persons
Note: Indicate the maximum number of persons to be in attendance at the event at any one time (ie includes participants, volunteers and spectators)

Prescribed Temporary Structures				
Is it proposed to have any temporary structures-	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Seating stands for more than 20 persons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tents or Marquees with a floor area more than 100 m ² ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Stages exceeding 150 m ² in floor area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prefabricated buildings not placed directly on the ground exceeding 100m ² ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Note: If the answer to any of the above is Yes, please provide details below (a separate application may be required to be submitted and paid for addressing the temporary structures)				

Type of Structure:			
Size/Capacity of Structure:			
Bld. Commission Permit No:			
Hire Company Details:			

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

Safety Officer Details (in accordance with Building Regulation 210)			
Name:		Name:	
Address		Address	
Postal Address		Postal Address	
Mobile:		Mobile:	
Qualifications:		Qualifications:	
Email:		Email:	

Toilet Facilities											
Location	Number of Female		Number of Male			No of Disabled [Unisex]		No of Disabled			
	Closet Fixtures	Wash Basins	Closet Fixtures	Urinals	Wash Basins	Closet Fixtures	Wash Basins	Female Closet Fixtures	Female Wash Basins	Male Closet Fixtures	Male Wash Basins
Public toilet											
Portable toilet											
TOTAL											

Note: The location of all existing and portable toilet facilities must be shown on the site plan for the event

Drinking Water
Nominate the number of proposed drinking water fountains.
Note: The location of all drinking water fountains/taps must be shown on the site plan for the event.

Unsafe Areas
Are there any unsafe areas where public access should be restricted i.e. portable generators, stages etc.
Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: If yes provide details and indicate locations on the site plan for the event

Security/Crowd Control
Nominate provisions for crowd control and security:
The name of the security organisation:
Contact phone number during the event:
Number of crowd controllers/security officers to be provided/engaged for the duration of the event:

Exits: Nominate the emergency exit locations
Note: Location and width of all exit gates/doors to be shown on the site plan for the event.

Emergency Evacuation
Have you prepared an emergency management and evacuation plan for the proposed event?
Note: An Emergency Plan/Procedure for the event must be provided with this application.

Lighting
Will the event be conducted after daylight hours? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details of lighting and indicate on site plan.

First Aid (Nominate the proposed first aid facilities and officers to be provided for the duration of the event)			
Number of First Aid Officers:	Name of First Aid Provider:		
Will First Aid Facilities or First Aid room will be provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will an ambulance be provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Note: Indicate location of the First Aid facility/ambulance on the site plan for the event.			

Fire services			
Are there any existing firefighting equipment such as fire extinguishers, hose reel and hydrants that are located within the venue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Note: If yes indicate type and location on the site plan for the event.			

Other Features			
Is it proposed to have any of the following Attractions/Activities/Equipment::			
▪ Fireworks/Explosives/Flammable Materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
▪ Amusement Rides	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
▪ Naked Flames (e.g. Theatrical Productions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
▪ Additional Fire Services (e.g. Fire Extinguishers)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
▪ Activities within Council's Parks, Gardens or Reserves *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
▪ Activities on roadways or footpaths *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
* Must be approved by Council.			
Note: Further information will be required should the event include any of the above listed features.			

Site Plan
Provide a Site Plan that is drawn to scale showing the extent of the site boundary fencing, permanent features and all details as outlined above.

Declaration by Applicant	
Applicants Declaration: I,	
am authorised to apply for this Permit on behalf of:	
Signature of Owner/Agent of Owner	Date:

PAYMENT DETAILS	\$	2,159.50
Please select one of the payment options by ticking a box below		
In Person <input type="checkbox"/>	Credit Card (Customer service will call for credit card details)	<input type="checkbox"/>
<i>Office Use Only</i> ASSESSMENT COST \$2,159.50 GL No 30172		

Information Privacy Collection Notice

Personal information collected on this form shall be used by Council's Building Services Department to provide you with the property information response. Council may disclose your information to other internal departments and will not disclose to any external party without your consent, unless required to do so by law. If you do not provide us with all required information Council will not be able to provide the property information response. You have the right to access your personal information and make any necessary corrections. If you have any queries or wish to gain access to amend your information please contact Golden Plains Shire's Privacy Officer on (03) 5220 7111 or enquiries@gplains.vic.gov.au c/o Building Services Department – 5220 7141.

Council will comply with its Privacy Policy and Information Privacy Principles in schedule 1 of the Privacy and Data Protection Act 2014 and the Health Records Act 2001 in relation to the use, storage and disclosure of information. If you have any queries regarding this Privacy Statement, please contact the Privacy Officer in writing to enquiries@gplains.vic.gov.au or PO Box 111, Bannockburn 3331.