

APPLICATION FOR A DIVISION 2 OCCUPANCY PERMIT (For a Place of Public Entertainment)

Building Act 1993 Building Regulations 2018

Regulation 186 *Form 15*

TO:

**The Municipal Building Surveyor
Ararat Rural City Council**

**Telephone: (03) 53550200
Email: building@ararat.vic.gov.au**

FROM:

Owner of place of Public Entertainment: <input type="checkbox"/>	On Behalf of Owner of Place of Public Entertainment: <input type="checkbox"/>
Name:	Telephone:
Address:	Facsimile:
Contact person:	Mobile:
Contact persons e-mail address:	

OWNER DETAILS: (Only if Agent of Owner listed above)

Name:	Telephone:
Address:	Facsimile:
Contact Person:	Mobile:
In accordance with Section 54 of the building Act 1993, I hereby apply for an Occupancy Permit for a Place of Public Entertainment at No..... Street/Road..... Suburb..... <div style="text-align: center;">(address of property where the event is proposed to be held)</div>	

NAME OF THE PROPERTY: (where applicable)

Property name:	
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PRESCRIBED TEMPORARY STRUCTURES:

Is it proposed to have any of the below temporary structures?			
Seating stands for more than 20 persons:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Stages exceeding 150 m2 in floor area:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Tents, marquees with a floor area more than 100m2	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Prefabricated buildings not placed directly on the ground exceeding 100m2:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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

Type of structure				
Size/Capacity of structure				
Bld. Commission Permit no				
Hire company name				
Hire company contact ph no				
Note: Location of all temporary structures to be indicated on the site plan for the event				

NAME OF EVENT:

Event name:	
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PERIOD OF OCCUPATION:

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:		Name:	
Address:		Address:	
Mobile:		Mobile:	
Qualifications:		Qualifications:	
Email:		Email:	

TOILET FACILITIES:

Nominate the number and location of all existing and portable/temporary toilet facilities.											
Location	No of Female		No of Male			No of (unisex)		No of Disabled			
TOTAL											

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.	
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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	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes provide details and indicate locations on the site plan

EXITS: Note: exit locations and widths must be nominated on the site plan.

Has the location and widths of all exits been nominated on the site plan.	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES			

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

Has an emergency plan for the event been provided YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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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	<input type="checkbox"/>	NO	<input type="checkbox"/>
• Amusement Rides	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: 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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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APPLICANTS DECLARATION:

I, am authorised to apply for this permit on behalf of			
Signature of Owner/Agent of Owner		Date	

Notes:

1. Fees: Low Risk (less than 5,000 people)	\$410.00
Medium Risk (more than 5,000 but less than 15,000 people)	\$1,400.00
High Risk (more than 15,000 people)	\$4,400.00

- 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.