

# 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](mailto: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.....<br>(address of property where the event is proposed to be held) |            |

**NAME OF THE PROPERTY:** (where applicable)

|                |  |
|----------------|--|
| Property name: |  |
|----------------|--|

**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                                                                       |  |  |  |  |
| <b>Note: Location of all temporary structures to be indicated on the site plan for the event</b> |  |  |  |  |

**NAME OF EVENT:**

|             |  |
|-------------|--|
| Event name: |  |
|-------------|--|

**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: |  |
|------------------|--|

**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:           |  | 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 |  |  |  |
|                                                                                            |              |  |            |  |  |                |  |                |  |  |  |
|                                                                                            |              |  |            |  |  |                |  |                |  |  |  |
|                                                                                            |              |  |            |  |  |                |  |                |  |  |  |
| <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                                                                                                       | <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<br>YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|----------------------------------------------------------|--------------------------|----|--------------------------|

**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"/> |
| <b>*Must be approved by Council</b>                                                                          |     |                          |    |                          |
| <b>Note:</b> 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"/> |
|------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

**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) **\$420.00**  
Medium Risk (more than 5,000 but less than 15,000 people) **\$1,435.00**  
High Risk (more than 15,000 people) **\$4,510.00**

- 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.