Mount Alexander Shire Council PO Box 185 Castlemaine VIC 3450

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APPLICATION FOR OCCUPANCY PERMIT FOR A PLACE OF PUBLIC ENTERTAINMENT

FORM 15 | BUILDING ACT 1993 | BUILDING REGULATIONS 2018 | REGULATION 186(1)

TO: MUNICIPAL BUILDING SURVEYOR - MOUNT A	ALEXANDER SHIRE COUNCIL		
FROM APPLICANT:			
Owner or Agent (circle applicable):			
Postal Address:			
Postcode:			
Phone: Email:			
OWNERSHIP DETAILS (Only if agent of owner is I	isted above):		
Owners Name:			
Postal Address:			
Postcode:			
Phone: Email:			
In accordance with Section 54 of the Building Act Occupancy Permit for a Place of Public Entertainment			
PROPERTY DETAILS:			
Number: Street/Road:			
Suburb:	Postcode:		
Lot/s:LP/PS:			
State details of any existing building proposed to be use	d for the event:		
You are required to attach a copy/s of the most current Report for the building/s:	t Annual Essential Safety Measu Copies attached Yes		
PRESCRIBED TEMPORATY STRUCTURES:	·		
Will the event include temporary structures (if yes, provide	de location on site plan)? Yes [] No	
Seating stands for more than 20 persons	Yes	No	
Stages exceeding 150m2 in floor area	Yes [No	
Tents of Marquees exceeding 100m ² in floor area	Yes [No	
Prefabricated buildings exceeding 100m ² not placed of	directly on the ground Yes	No	
If the answer to any of the above is YES, please p	rovide details below:		
Temporary Structure Type:			

Size (length x width+m2/Capacity:			
Victorian Building Authority (VBA) Occupand (Submit a copy of the Occupancy Permit and			
Hire Company Details:			
Hire Company Contact Person:			
Temporary Structure Erectors Registration N	Number:		
Phone:			
Email:			
Structural details/certification may also be require a Victorian Building Authority Oc		orary structures th	at do not
EVENT DETAILS:			
Event Name:			
Period of Occupation:			
From (start date):	To (end date):.		
Start time:	End time:		
State where the Occupancy Permit will be accessible to the public:			
Number of Persons:			
Number of maximum persons to attend the	event at any one time		
SAFETY OFFICER DETAILS: State all safety officers or wardens that (Attach additional information if required)	will be supervising	the event.	
Name:			
Qualifications (provide documents):			
Postal Address:			
Postcode:			
Phone:	Email:		
TOILET FACILITIES:	Closet Fixtures	Wash Basins	<u>Urinals</u>
Number of Disabled (Unisex) Facilities:			
Number of Female Facilities:			
Number of Male Facilities:			
DRINKING WATER:			
The prominent drinking water must be made provided.	e free of charge with p	rominent location si	gnage
Number of drinking water fountains to be pro	ovided:		
UNSAFE AREAS:			
Are there any unsafe areas where public acc (i.e.: portable generators, stages etc.)	cess should be restric	cted? Ye	es 🗆 No 🗆

• Fire extinguisher, hydrant, hose reel locations

• First Aid Stations

- Vehicle entry points
- Public exclusion areas of unsafe areas
- Site boundary fencing
- Lighting locations (if conducted after daylight hours)

FEE: Please refer to Building Fees

APPLICANTS DECLARATION:	
I	am authorized to apply for this
permit on behalf of	
SIGNATURE:	
Signature of Owner/Agent (circle applicable): Date:	

NOTES:

- 1. At least 20 working days are required for processing of a Division 2 Occupancy Permit.
- 2. Any event held within the Mount Alexander Shire Council Gardens or Reserves must be approved by Council's Events Unit.
- 3. Any event on Council controlled roadways or footpaths must be approved by Council's Infrastructure Unit.
- 4. Council is collecting this information in accordance with Regulation 186(1) of the Building Regulations 2018. The personal information will be used solely by Council for the purpose of processing the Occupancy Permit Application. You may access this information by contacting Council on 5471 1700. If you fail to provide this information your application may not be processed.