

# DIVISION 2 OCCUPANCY PERMIT APPLICATION FORM

## Place of Public Entertainment

Building Act 1993, Part 13

Building Regulations 2018, Regulation 186 (Form 15)



GREATER  
SHEPPARTON

Applications (addressed to the Municipal Building Surveyor) may be lodged by:

Email: [council@shepparton.vic.gov.au](mailto:council@shepparton.vic.gov.au)

Post: Locked Bag 1000 Shepparton VIC 3632

Or In Person: At Greater Shepparton City Council Customer Service Centre.

Phone: 03 5832 9700

| Office Use Only |      |      |        |
|-----------------|------|------|--------|
| Class           | Type | Year | Number |
|                 |      |      |        |

### APPLICANT DETAILS<sup>1</sup>

You are the:  Owner of the Land<sup>1</sup>  Agent of Owner of Land  Event Organiser (tick applicable box)

Event applicant's name

Event applicant's postal address Postcode

Contact person's name Mobile

Contact person's landline Email

### LAND OWNERSHIP DETAILS<sup>2</sup> (if not listed above)

Name Mobile

Address Suburb

Postcode Email

### EVENT PROPERTY DETAILS (address of property where the event is proposed to be held)

In accordance with Sec 53(2) of the *Building Act 1993*, I hereby apply for an Occupancy Permit for a Place of Public Entertainment at:

Number Lot Street / Road Suburb Postcode

Building number / name / description

Name of venue or location If part of a building - description

### EVENT DETAILS

|                      |   |
|----------------------|---|
| Event name           | Brief description of the event  |
| Public Liability     | Date Obtained   |
| COVID event approval | Date Obtained   |
|                      | Proof of public liability to be attached with this application (e-document) |
|                      | Proof of approval to be included with this application                      |

### PERIOD OF OCCUPATION

|                   | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-------------------|-----|-----|------|-----|-------|-----|-----|
| Date              |     |     |      |     |       |     |     |
| Commencement time |     |     |      |     |       |     |     |
| Conclusion time   |     |     |      |     |       |     |     |

### NUMBER OF PERSONS

Indicate the maximum number of persons to occupy the place at any one time.

### TYPE OF PRESCRIBED TEMPORARY STRUCTURES<sup>3</sup> (tick applicable boxes)

|  |   |             |             |             |
|--|---|-------------|-------------|-------------|
| <input type="checkbox"/> Tent, marques or booths with floor area >100m <sup>2</sup>                                    | <input type="checkbox"/> Seating stands for more than 20 persons  |             |             |             |
| <input type="checkbox"/> Stages or platforms > 150m <sup>2</sup> in floor area (including sky borders and stage wings) | <input type="checkbox"/> Prefabricated building > 100m <sup>2</sup> (other than the ones placed directly on the ground surface) |             |             |             |
|  | Structure 1   | Structure 2 | Structure 3 | Structure 4 |
| Type of temporary structure  |   |             |             |             |
| Size (length x width = m <sup>2</sup> )  |   |             |             |             |

|  |  |  |  |  |
|--|--|--|--|--|
| Occupant number to occupy the structure at any one time        |  |  |  |  |
| VBA permit number  |  |  |  |  |
| Council will also have to issue a siting consent. Fee included |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| Hire company details   |  |  |  |  |
| Hire company contact person  |  |  |  |  |
| Hire company contact mobile  |  |  |  |  |
| Hire company email address   |  |  |  |  |
| If more than four temporary structures are on the site, please provide on a separate attachment to this application. |  |  |  |  |

**SAFETY OFFICER DETAILS**

|                     |  |       |  |                                    |  |
|---------------------|--|-------|--|------------------------------------|--|
| Name                |  |       |  | Qualifications (provide documents) |  |
| Address             |  |       |  |                                    |  |
| Home postal address |  |       |  |                                    |  |
| Mobile              |  | Email |  |                                    |  |

|                     |  |       |  |                                    |  |
|---------------------|--|-------|--|------------------------------------|--|
| Name                |  |       |  | Qualifications (provide documents) |  |
| Address             |  |       |  |                                    |  |
| Home postal address |  |       |  |                                    |  |
| Mobile              |  | Email |  |                                    |  |

**SECURITY CROWD CONTROLLERS**

|   |  |                          |  |
|---|--|--------------------------|--|
| How many crowd controllers / security staff do you proposed to provide? |  |                          |  |
| Who will be providing crowd controllers / security staff?               |  |                          |  |
| Contact person's name   |  | Business hours phone no. |  |
| Contact person's mobile number during the event                         |  |                          |  |

**UNSAFE AREAS**

Are there any unsafe areas where public access should be restricted?  Yes  No (tick applicable box)  
eg: portable generators, stages, refuelling stations, explosives etc.

Location of unsafe areas?

**EXITS**

Where are the emergency exits located?

**EMERGENCY MANAGEMENT AND EVACUATION PLAN<sup>5</sup>**

Has an emergency management and evacuation plan been developed?  Yes  No (tick applicable box)

**FIRE SERVICES**

Is there any existing firefighting equipment such as fire extinguishers, hose reel and hydrants that are located within the building?  Yes  No

Additional firefighting equipment be provided within the venue?  Yes  No

**LIGHTING**

Will the event be conducted after daylight hours?  Yes  No If Yes, provide details of lighting on the site plan for the event.

**TOILET FACILITIES**

Nominate the number and location of all existing and portable / temporary toilet facilities.  
**Note:** Facilities should be distributed as evenly as possible across the event site.

| Location | No. of female   |             | No. 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 |
|          |                 |             |                 |         |             |                          |             |                        |                    |                      |                  |
|          |                 |             |                 |         |             |                          |             |                        |                    |                      |                  |

|       |  |  |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|--|--|
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|       |  |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |

|  |
|--|
| <b>DRINKING WATER</b>  |
| How many drinking water fountains do you propose to provide?   |
| Where will the drinking water fountains be located?<br>Drinking water fountains should be distributed as evenly as possible across the event site. |

|   |   |
|---|---|
| <b>FIRST AID</b>  |   |
| Who will be providing first aid for the event?  |   |
| How many qualified first aid officers will be provided?   |   |
| Will a first aid room be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>(tick applicable box)</small> | Will an ambulance be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>(tick applicable box)</small> |
| Details of first aid room. (if applicable)  |   |

|   |   |
|---|---|
| <b>LOCATION FOR THE DISPLAY OF THE OCCUPANCY PERMIT</b> | Must nominate on this form and be in a prominent accessible to the public |
|---|---|

|  |   |
|--|---|
| <b>OTHER FEATURES PROPOSED<sup>4</sup></b>   |   |
| Is the event proposed to have any of the following: <small>(tick applicable boxes)</small>   |   |
| <input type="checkbox"/> Fireworks / explosives / flammable materials<br><input type="checkbox"/> Amusement rides<br><input type="checkbox"/> Naked flames (eg: theatrical productions)<br><input type="checkbox"/> Alcohol sold or provided for benefit | <input type="checkbox"/> Activities within Council's parks, gardens or reserves<br><input type="checkbox"/> Activities on roadways or footpaths<br><input type="checkbox"/> Changed traffic conditions / traffic management plan<br><input type="checkbox"/> Other <small>(specify)</small> _____ |
| <p><i>Evidence of authorisation / letter of compliance is required before PoPE can be approved</i></p> <p><i>Liquor licence (temporary and permanent ) approval is required before PoPE can be approved</i></p>  |   |

|  |
|--|
| <b>APPLICANTS DECLARATION</b>                                      |
| I, _____ am authorised to apply for this permit on behalf of _____ |

|   |             |   |   |
|---|-------------|---|---|
| <b>SIGNATURE OF APPLICANT<sup>1</sup></b>   | <b>DATE</b> | / | / |
| <p><b>Collection statement</b><br/> <i>The personal information requested on this form is being collected by City of Greater Shepparton for the purpose of applying an Occupancy Permit (division 2) for a Place of Public Entertainment. If the personal information is not collected, we cannot process your application. We will not disclose your personal information without your consent, except where required to do so by law. Our <a href="#">privacy policy</a> is available on our website. If you wish to alter any of the personal information you have supplied to City of Greater Shepparton, please contact us by sending an email to <a href="mailto:council@shepparton.vic.gov.au">council@shepparton.vic.gov.au</a></i></p> |             |   |   |

**Refer to notes and application checklist over page**

| NOTES         |   |
|---------------|---|
| <b>Note 1</b> | Pursuant to Section 248 of the <i>Building Act 1993</i> , a person must not act on behalf of an owner of a building or land for the purpose of making any application, appeal or referral under this <i>Act</i> or the regulations unless the person is authorised in writing by the owner to do so. Penalty: \$18,655.   |
| <b>Note 2</b> | Building owners written consent allowing temporary occupation of the building.  |
| <b>Note 3</b> | A site plan that is drawn to scale must be submitted with this application and show the proposed location of the structure/s on the site and show the distance from the temporary structure/s to the nearest other features. eg: footpath, roadway, temporary marquees, permanent buildings etc.<br>A site plan that is drawn to scale must be submitted with this application showing the extent of the site boundary fencing, unsafe areas and the details, location of emergency assembly areas, access for emergency services, details of lighting and proposed drinking water fountains / tap and toilet facilities. |
| <b>Note 4</b> | Location of fireworks, amusement rides, naked flames and the like must be marked on the site plan for the event. Further information will be required should the event include any of the proposed features.  |
| <b>Note 5</b> | Copy of Council / Vic Roads approved Traffic Management Plans must be provided for changed traffic conditions.<br>Traffic Management Plan (TMP) and Pedestrian Management Plan (PMP) including all relevant signage details with pictures to be prepared by a registered company or traffic engineer in compliance with the <i>Road Management Act 2004</i> . TMP and PMP must be obtained when diverting pedestrians onto or across a road.  |
| <b>Note 6</b> | Other authority approvals maybe required: VicRoads - Memorandum of Authorisation (MOA), Country Fire Authority (CFA) when obstructing the access to fire services, Australia Post and Public Transport Victoria.  |
| <b>Note 7</b> | Prescribed fee (to be paid when making application).<br>Minimum fee of \$800 (allows for a maximum 3 hour assessment).<br>Assessment time exceeding 3 hours will incur additional fees at \$154.20 per hour or part thereof.  |

| APPLICATION CHECKLIST MANDATORY INFORMATION REQUIRED |  |
|--|--|
| <input type="checkbox"/>                             | Completed application form.  |
| <input type="checkbox"/>                             | Prescribed fee (Invoice will be issued and emailed at the time assessment)<br>\$272.35 INCLUSIVE OF GST  |
| <input type="checkbox"/>                             | A site plan that is drawn to scale in accordance with regulation 25 of the <i>Building Regulation 2018</i> , the matters to be shown on a site plan are: <ul style="list-style-type: none"> <li>• the proposed location of the structure/s on the site;</li> <li>• the distance from the temporary structure/s to the nearest other features: eg: footpath, roadway, temporary marquees, permanent buildings, etc;</li> <li>• site boundary fencing;</li> <li>• unsafe areas and the details;</li> <li>• location of emergency assembly areas;</li> <li>• access for emergency services;</li> <li>• firefighting equipment eg: fire hydrants, fire extinguishers;</li> <li>• details of lighting;</li> <li>• proposed drinking water fountains / tap;</li> <li>• toilet facilities;</li> <li>• location of fireworks, naked flames; (Further information will be required);</li> <li>• amusement rides. (Further information will be required).</li> </ul> |
| <input type="checkbox"/>                             | Location of fireworks, amusement rides, naked flames and the like must be marked on the site plan for the event. Further information will be required should the event include any of the proposed features.   |
| <input type="checkbox"/>                             | Copy of Council / Vic Roads approved Traffic Management Plans must be provided for changed traffic conditions.<br>Traffic Management Plan (TMP) and Pedestrian Management Plan (PMP) including all relevant signage details with pictures to be prepared by a registered company or traffic engineer in compliance with the <i>Road Management Act 2004</i> . TMP and PMP must be obtained when diverting pedestrians onto or across a road.   |
| <input type="checkbox"/>                             | Other authority approvals maybe required: VicRoads - Memorandum of Authorisation (MOA), Country Fire Authority (CFA) when obstructing the access to fire services, Australia Post and Public Transport Victoria.   |