

**APPLICATION FOR A DIVISION 2 OCCUPANCY PERMIT
(for a place of public entertainment)**

**HOBSONS
BAY CITY
COUNCIL**



Building Act 1993 | Building Regulations 2018 | Part 13 | Regulation 186 | Form 15

Applicant

Owner or Agent _____
Postal Address _____ Postcode _____
Contact person _____ Mobile _____
Email _____ Telephone _____

Ownership Details (only if agent of owner is listed above)

Owner _____
Postal Address _____ Postcode _____
Email _____ Telephone _____

Property Details

Property Name _____
Number & Street _____
Suburb _____ Mobile _____
Email _____ Telephone _____

Event Details

Event Name _____
Organiser _____ Mobile _____
Address _____ Postcode _____

Event Duration

From (start date) _____ / _____ / _____ To (end date) _____ / _____ / _____
Start time _____ End time _____

Number of Persons

Number of maximum persons to be in attendance at the event at any one time _____

Prescribed Temporary Structures

Will the event include temporary structures (if yes, provide location on site plan) YES NO

Temporary Structure Type _____
Size (length x width = m²) / Capacity _____
Victorian Building Authority Occupancy Permit Number _____
Hire Company Name _____

Seating stands for more than 20 persons YES NO
Stages exceeding 150m² in floor area YES NO
Tents or Marquees exceeding 100m² in floor area YES NO
Prefabricated buildings exceeding 100m² not placed directly on the ground YES NO

Safety Officer Details

Name _____
Qualifications _____ Mobile _____
Address _____ Postcode _____

Security/Crowd Control

Company Name _____
Primary contact during event _____ Mobile _____
Number of crowd controllers/security offices to be provided for the duration of event _____

First Aid

Name of First Aid provider _____
First Aid facilities/rooms to be provided YES NO
Number of first aid officers _____

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Drinking Water (if yes, location must be provided on site plan)

Number of drinking water fountains to be provided _____

Toilet Facilities (locations must also be provided on site plan)

	Closet Fixtures	Wash Basins	Urinals
Number of Disabled Facilities	_____	_____	_____
Number of Disabled (Unisex) Facilities	_____	_____	_____
Number of Female Facilities	_____	_____	_____
Number of Male Facilities	_____	_____	_____

Unsafe Areas

Are there any unsafe areas where public access should be restricted ie; portable generators, stages etc. (if yes, provide details and locations on site plan) YES NO

Exits

Nominated location and width of all exit gates/doors provided on site plan YES NO

Emergency Evacuation

Emergency Management Plan/Procedure for the event provided with application YES NO

Lighting

Will the event be held after daylight hours (if yes, provide details on site plan) YES NO

Fire Services

Is there any existing fire fighting equipment such as fire extinguishers, hose reel and hydrants that are located within the venue (if yes, type and location must be indicated on site plan) YES NO

Other Features

Is it proposed to have any (if yes, further information on these features will be required);

Fireworks/Explosives/Flammable Materials	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Amusement Rides	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Naked Flames	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Additional Fire Services (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"/>

Notes:

- 1 Application fee of \$680.00 must be paid when making application.
- 2 At least 20 working days are required for processing of a Division 2 Occupancy Permit.
- 3 Any event held within the City of Hobsons Bay Parks, Gardens or Reserves must be approved by Council's Events Unit.

In accordance with Section 54 of the Building Act 1993, I hereby apply for an Occupancy Permit for a Place of Public Entertainment at the above nominated address

I am authorised to apply for this permit on behalf of the client and hereby undertake to comply with requirements of the Building Act 1993, Building Regulations 2018 and the Building Code of Australia and any special conditions as required by an Authorised Office of the Council. I understand by making this application I will be invoiced for an application fee.

Signature

Owner/ Agent _____ Date _____

PRIVACY COLLECTION STATEMENT - Hobsons Bay City Council is committed to protecting your privacy. The personal information collected on this form will be used by Council for the purpose of processing your application and payment in accordance with the requirements of the Building Act 1993. Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law. You have a right to access your personal information and make corrections. If you have any queries or wish to gain access to amend your information please contact Council's Building department on 9932 1196.

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Please charge my credit card the amount of \$680.00 (Ledger number 56200.5509)

Credit Card Payment

Credit Card Number:

Bank Card / Master Card / Visa Card Expiry Date: _____ / _____

Cardholders Name: _____

Cardholders Signature: _____ Date: _____