

APPLICATION FOR SITING APPROVAL – TEMPORARY STRUCTURES

**HOBSONS
BAY CITY
COUNCIL**



Prescribed Temporary Structures | Building Act 1993 | Section 57 (1)(a)

From

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

Property Details (include Title details as applicable)

Number & Street _____
Suburb _____ Postcode _____
Lot/s _____ LP/PS _____ Parish _____
Volume _____ Folio _____ County _____
Crown allotment _____ Section _____

Building Practitioners Details

Name and registration of building practitioner erecting structure:

Name _____ Reg. No _____
Name of registration building practitioner providing Certificate of Compliance
Name _____ Reg. No _____

Prescribed Temporary Structure Details

Structure Type	Size (length x width = m ²)	Occupancy Permit Number

Event Details

Event Name _____
Organiser _____ Postcode _____
Address _____ Mobile _____

Event Duration (period structure will be occupied)

From (start date) ____ / ____ / ____ To (end date) ____ / ____ / ____

Approval

Send via Post OR Email

Documentation to be submitted with this application:

- A scaled site plan and floor plan
- A copy of the Occupancy Permit issued by the Victorian Building Authority
- Payment of \$310 application fee

Assessment time exceeding 1.5 hours will incur additional fees at \$155 per hour or part thereof.

Types of structures include tents, marquees, booths, seating stands, stages, platforms other prefabricated buildings and the like.

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 or 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.

CREDIT CARD PAYMENT FORM

**HOBSONS
BAY CITY
COUNCIL**



Please charge my credit card the amount of \$310 (Ledger number 56200.5509)

Credit Card Payment

Credit Card Number:

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

Cardholders Name: _____

Cardholders Signature: _____ Date: _____

OFFICE USE ONLY

Ledger Number: 56200.5509 Cashier ID: _____ Amount: \$ _____ Receipt: _____ Date: _____