



APPLICATION FOR A DIVISION 2 OCCUPANCY PERMIT
Place of Public Entertainment (POPE)
BUILDING ACT 1993, BUILDING REGULATIONS 2018

Council is collecting the information on this form so that it may consider your application. The information is only used by Council for this purpose and will not be disclosed unless required under law.

TO:

The Municipal Building Surveyor
 Warrnambool City Council
 25 Liebig Street, Warrnambool VIC 3280

Telephone (03) 5559 4800
 Fax (03) 5559 4900
 Email building@warrnambool.vic.gov.au

FROM:

Owner of Place of Public Entertainment <input type="checkbox"/>	Event Organiser <input type="checkbox"/>
Company Name:	Telephone:
Postal Address:	
Contact person:	Mobile:
Contact persons e-mail address:	

OWNER OF LAND DETAILS AND DECLARATION¹:

Name:	Telephone:
Address:	
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 as detailed in this application.	
Signature (Owner/Public Land Manager).....	

NAME OF THE PUBLIC PROPERTY²:

Property name:	
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PRESCRIBED TEMPORARY STRUCTURES³:

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"/>

¹ Complete if owner is not the applicant

² For example Lake Pertobe, The Warrnambool Racecourse, The Civic Green, The Botanic Gardens etc.

³ Include information relating to any structures to be erected for the event

IF THE ANSWER TO ANY OF THE ABOVE IS YES, PLEASE PROVIDE DETAILS BELOW:

Type of structure (Marquee/Tent/Stage/Seating)	Size of structure (m2)	VBA Occupancy Permit number	Hire company contact name & phone number

NAME OF EVENT:

Event name:	
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PERIOD OF OCCUPATION OF THE SITE⁴:

	MON	TUE	WED	THURS	FRI	SAT	SUN
Date (Day/month)							
Event Start time							
Event finish time							

PROPOSED LOCATION FOR THE DISPLAY OF OCCUPANCY PERMIT⁵:

Permit location:	
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NUMBER OF PERSONS PROPOSED TO ATTEND⁶:

Maximum Number of persons:	
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SAFETY OFFICER DETAILS (OFFICER 1):

Name:	
Address:	
Mobile:	
Qualifications:	
Email:	

⁴ include time for establishment and removal

⁵ Note: Must be in a prominent position accessible to the public

⁶ Indicate the maximum number of persons to be at the event at any one time.

SAFETY OFFICER DETAILS (OFFICER 2):

Name:	
Address:	
Mobile:	
Qualifications:	
Email:	

TOILET FACILITIES⁷:

Location	Female Pans		Male Pans		No. of Urinals Note: 900mm is one urinal		Disabled	
	No.	Wash basin	No.	Wash basin	No.	Wash basin	No.	Wash basin
TOTAL								

DRINKING WATER⁸:

Nominate the number of drinking water fountains/taps.	
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SECURITY CROWD CONTROL⁹:

The name of security organisation	
Contact phone number during event	
Number of crowd control officers	

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:

Exit locations and widths or doors or openings in fencing must be nominated on the site plan.			
Has the location and widths of all exits been nominated on the site plan. YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

⁷ Nominate the number and location of all existing and portable/temporary toilet facilities.

⁸ Note: The location of all drinking water fountains/taps must be nominated on the site plan.

⁹ Nominate provisions for crowd control and security

EMERGENCY EVACUATION:

An emergency plan/procedure must be provided with this application.

Has an emergency plan for the event been provided	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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FIRST AID¹⁰:

Number of first aid officers	
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Name of first aid provider	
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OTHER FEATURES:

Is it proposed to have any of the following features at this event?

Fireworks/Explosives/flammable Materials	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Amusement Rides	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Activities within Council's Parks, Gardens or reserves (NOTE: Must be approved by Councils Events team)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Activities on roadways or footpaths (NOTE: A Road Reserve Works permit will be required from Council's Infrastructure Department.)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Further information will be required should the event include any of the above listed features.

SITE PLAN¹¹:

Has a site plan been provided indicating all of the above required features?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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PLEASE READ

1. The fee must be paid when making the application (refer to Building Fees)
2. At least **20 working days** are required for processing of a division 2 Occupancy permit.
3. Written consent must be provided from the owner of the land/venue to allow the public entertainment to be conducted on their property.
4. An event on Council roadways or footpaths must be approved by Council's Engineering Department (Road Reserve Works Permit).

APPLICANTS DECLARATION:

I, am authorised to apply for this permit on behalf of to act as the applicant for this approval.

Signature of Owner/Agent of Owner	
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Date	
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¹⁰ Nominate the proposed first aid facilities to be provided for the duration of the event

¹¹ A site plan drawn to scale must be provided showing the extent of site boundary details as outlined above.