

APPLICATION FOR OCCUPANCY PERMIT FOR A PLACE OF PUBLIC ENTERTAINMENT (P.O.P.E.) and/or SITING APPROVAL FOR A PRESCRIBED TEMPORARY STRUCTURE Building Act 1993 Building Regulations 2018

To: Municipal Building Surveyor Strathbogie Shire Council 109A Binney Street (PO Box 177) Euroa VIC 3666

Phone: 5795 0000 Fax: 5795 3550

Email: info@strathbogie.vic.gov.au

In accordance with Section 53 of the Building Act 1993, I hereby apply for an occupancy permit for the place of public entertainment and/or siting approval for a prescribed temporary structure.

**OFFICIAL** 

Applicant Informat	lion
Name:	Phone:
Company/Group:	Fax:
Email:	
Postal address:	

Are you a charity or registered not for profit organisation?

Yes No

<b>Event Information</b>	
Name of event:	
Type of event:	
Proposed location:	
Proposed date/s:	
Proposed time/s:	

Briefly describe your event: (ie. Outdoor concert, 1 stage, seating area and general admission area. Facilities include food vendors, bars, toilet and first aid facilities)

Has the event been held before?

Yes 🗌 🛛 No 🗌

If yes, when and where was it held? (year, city/town):

Continued

Telephone: 1800 065 993

Email: <u>info@strathbogie.vic.gov.au</u> Website: <u>www.strathbogie.vic.gov.au</u> Postal Address PO Box 177 Euroa VIC 3666 Customer Service Centres

109A Binney Street Euroa VIC 3666 352 High Street Nagambie VIC 3608



Loca	tion				
No:			Street:	Т	Fown:
Title detai			·		
Muni	icipal d	istrict:			
Own	er:				

Have you booked the venue? Is there sufficient parking on site?

Will the event be conducted fully or partially on a roadway?

Yes	] No[	
Yes	] No[	
Yes	] No[	

	Date	Time
When will you commence setting up?		
When does the event start?		
When does the event finish?		
When will you complete packing up?		

Estimated number of spectators:	
Estimated number of participants:	
Estimated maximum attendance numbers at any given time:	
Who is your target audience?:	

Is entry to the event:	Free?
	Ticketed
	<u> </u>

Free?
Ticketed?
Gold coin donation?

Yes 🗌	No 🗌
Yes 🗌	No 🗌
Yes 🗌	No 🗌

Event Coordinator		
Name:	Phone	):
Position:	Fax:	
Email:		
Postal address:		

#### **Risk Management**

As part of your risk management obligation, the following must be attached to this application:

- Evidence of an assessment of the risks associated with staging the event and the controls • to mitigate those risks
- An emergency management plan/procedure for the event •

### Safety Officer

#### Telephone: 1800 065 993

Email: info@strathbogie.vic.gov.au Website: www.strathbogie.vic.gov.au **Postal Address** PO Box 177 Euroa VIC 3666

# **Customer Service Centres**

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Name:	Pho	one:
Company:	Fax	
Email:		
Qualifications:		

Detail the location, size and contents of the proposed first aid facilities to be provided for the duration of the event:

Number of first aid officers:	
Name of first aid supplier:	

Event infrastructure		
Are you installing fencing or temporary barriers?	Yes	No 🗌
If yes, describe type (ie. star pickets, free standing) and size (in plan):	clude fence location on	proposed site
Are you installing tents and/or marquees?	Yes	No 🗌
If yes, describe each structure and size (include location on p	roposed site plan):	
Are you installing prefabricated buildings not placed direc If yes, describe each building type and size (include location		
If yes, describe each building type and size (include location		
Are you installing prefabricated buildings not placed direct If yes, describe each building type and size (include location Are you installing stage(s)? If yes, describe each stage size and height (include location	on proposed site plan):	

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*If you have answered yes to any of the above, you will need to provide Victorian Building Authority Occupancy Permit(s) for any Prescribed Temporary Structures. Separate fees apply for siting approval of prescribed temporary structures (\$506.00 per structure)* 

What other infrastructure are you using? Describe type, size and number of additional infrastructure (include location on proposed site plan):

Number of drinking water fountains/taps (show location on proposed site plan):

Toilet Facilities					
Location	No. of female	No. of male	No. of unisex	No. of accessible	No. of hand basins

Additional information (if required):

#### Fee to be paid upon application - \$2,299.00

Additional fees will be charged for inspections

I hereby declare that the information provided is true, correct and there are no false or misleading statements contained within this application. I understand that under Section 246 of the Building Act 1993 it is an offence to knowingly make false or misleading statements, or provide any false or misleading information to a person or body carrying out a function of the Act or the Building Regulations 2018 (penalty exceeds \$16,000).

Signature:

Date:

The personal information requested in this application is being collected by the Strathbogie Shire Council (Council) for the management of building works or works on roads in order to comply with the Building Regulations 2018. The Council will use this information only for that purpose or for directly related purposes. You may apply to Council for access to your personal information or to amend the same. If you do not provide this information your permit application cannot be processed.

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Ch	Checklist					
	Item	Note	Completed			
1.	Application form					
2.	Schedule of proposed buildings and structures to be used during the event					
3.	Three (3) copies of detailed site plans	А				
4.	<b>Prescribed temporary structures/permanent structure plan</b> Victorian Building Authority (VBA) Occupancy permit Plan of structure and details	B & C				
5.	Support structure/scaffold/gantry/tower/platform structure, or the like VBA Occupancy permit Copy of approved form – Certificate of Compliance – design with drawings Scaffold structure Concourse/platform Gantry/tower Temporary seating (VBA Occupancy permit may be required)	D				
6.	Sanitary/amenity facilities (refer to NCC F2.3) Male: 1 WC per 200 persons, 30% of which must be toilet pans Female: 1 WC per 200 persons Disabled: 1 accessible unisex WC per 100 WC or part thereof Hand wash basins: 1 per 200 persons Drinking fountains: 1 per 200 persons	E				
7.	First aid facilities 5001 – 10000 persons: 1 room 10,001 – 15,000 persons: 2 rooms 15,001 – 30,000 persons: 3 rooms 1 room for each 15,000 person or part thereof	F				
8.	Emergency management and evacuation manual					

Notes:

- A. Plans must show extent of event area, size of event area in m<sup>2</sup>, location and type of fencing, building(s) to be used, emergency lighting, emergency exit signs, exit widths, emergency assembly area, areas excluded from the public, location and type of fire extinguisher/blanket, sanitary facilities, drinking fountains.
- B. For large venues or multi-structure sites, individual detailed plans showing emergency exits and exit widths, exit signs and emergency lighting, location and type of fire extinguisher/blanket.
- C. Check expiry date and whether permit covers type of structure to be used.
- D. Check expiry date, drawing and computations (if provided) ref. numbers against approved form.
- E. This minimum number of toilet facilities is provided as a guide only and may vary upon review of the application.
- F. First aid facilities station minimum room size 24m<sup>2</sup>. Rooms must contain a sink or hand basin. First aid facilities must be located so as to be convenient to a public road and accessible from within and outside the arena or ground. Smaller events are still required to have first aid facilities.

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