



Application for Occupancy/Siting Permit for a Place of Public Entertainment

Building Act 1993
Building Regulations 2018
FORM 15

To: Glenelg Shire Council Building Surveyor

Owner or Agent Acting for Owner			
Name Owner/Agent			
Company Name:			
ARBN/ACN:			
Postal Address:			
Phone Numbers Business:		Mobile:	
Email:			
Address for serving or giving of documents:			
Contact Person:		Telephone:	

Ownership Details (if applicant is agent of Owner)			
Name of Owner:			
ARBN/ACN:			
Postal Address:			
Phone Numbers Business:		Mobile:	
Email:			

Property Details						
Site Address:	Number:	Street/Road:				
	Town:					Postcode:
Lot/s	LP/PS		Volume:		Folio:	
Crown Allotment:	Section		Parish		County:	
Municipal District			Allotment area M ² (for new dwellings only)			

Public Entertainment			
Type of Permit: Occupancy Permit:		Siting Permit:	
Type of Public Entertainment:			

Dates and Times of Public Entertainment			
Start:	Date:	Time:	
Ending:	Date:	Time:	
Hours of Public Entertainment			

Maximum Number of Persons at Place of Public Entertainment	
Participants:	
Spectators:	

Proposed location for the Display of the Occupancy Permit (refer to Notes)

Applicant's Comments – Please provide details of matters relevant to the consideration of the application. This will be supported by documentation and a site layout plan.	
a.	The name of any safety officer engaged to attend the place of public entertainment to provide for the safety of the public.
b.	The safety training qualifications held by any person engaged as safety officer as approved by the Chief Officer (CFA) or the Building Commission.

Details of the responsibilities of the safety officer including	
i.	The operation of fire safety elements, equipment, and systems (this may include hydrants, hose reels and portable fire extinguishers)
ii.	The establishment and operation of evacuation procedures – (this may include details of security personnel/crowd control operations.)
iii.	Maintenance of safety of barriers and exits.
iv.	The control of the use of naked flame in theatrical productions

Fire Services	
Please nominate on the site plan, any existing firefighting equipment such as fire extinguishers, hose reel and hydrants that are located within the venue. Note: In some cases, a fire tanker may be required. Please indicate what training the event safety officer has in relation to the operation of the fire safety equipment on site.	

Emergency Evacuation		
Attach a Copy of the emergency response plan / evacuation procedures / communication plan for the event with the application.	Yes	No

Exits		
Attach a copy of the site plan and highlight the location and width of all exit gates / doors	Yes	No

Security / Crowd Control	
The name of the security organisation:	
Contact phone number during the event:	
Number of staff to be engaged during the event:	

Unsafe Areas	
List below any areas which are unsafe to the public and from which the public access should be restricted / excluded, ie portable generators, stages, etc. These areas are also to be shown on the site plan for the event.	

Other features	
Please indicate whether the event will include features such as:	
<input type="checkbox"/> Fireworks / explosives / flammable materials or naked flames (eg theatrical productions) <input type="checkbox"/> Amusement Rides	
Further information will be required if the event include these features (eg Workcover consent).	

Details of temporary structures to be used in association with the Place of Entertainment *

Seating Stands	Yes/No	>20 Persons?	Any Temporary Structure in the table will require an Occupancy Permit issued by the Building Commission (Tel 03 9285 6400) <i>This form does not apply for permits for such structures</i>
Marquees	Yes/No	>100m ² in area?	
Tents	Yes/No	>100m ² in area?	
Stages	Yes/No	>100m ² in area?	

Please describe, in an attachment, any temporary structures including details of occupancy permit issued by the Building Commission (Attach relevant Occupancy Permits if available)

Details of toilet facilities to be used in association with the Place of Entertainment

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

Location	No. of Female		No. of Male			No. of Unisex		No. of Ambulant	
	Closet Fixtures	Wash Basins	Closet Fixture	Urinals	Wash Basins	Closet Fixture	Wash Basins	Closet Fixtures	Wash Basins

Note:

- One closet fixture is required for every 200 female persons or part thereof.
- One closet fixture or urinal is required for every 200 male persons or part thereof, at least 30% of which must be in the form of closet fixtures. Note: each 600mm continuous length of urinal is considered to be a single urinal.
- **One washbasin is required for every 200 persons.**
- One unisex disabled closet fixture and washbasin is required for every 20,000 persons or part thereof.
- The location of all toilets must be indicated on the site plan for the event.

Details of first aid facilities to be provided in association with the Place of Entertainment

Please nominate the proposed first aid facilities

State the number of officers to be provided for the duration of the event.

Contact details for First Aid Officers

First Aid Facilities to be provided:

Note: Readily accessible first aid room(s) are to be provided in the ratio as per the table below when the occupancy is for more than 5000 people. Generally, the first aid rooms are to have a floor area not less than 24m² and be provided with a suitable wash basin or sink. Note: The location of all first aid rooms must be indicated on the site plan for the event.

Number of Persons	Number of First Aid rooms
5,000-10,000	1
10,000-15,000	2
15,000-30,000	3

Details of drinking water to be provided in association with the Place of Entertainment

Please nominate the number and location of any drinking fountains or the availability of drinking water at food and bar outlets. ***Free drinking water is to be available on site.***

I the owner/agent confirm that I have read, completed and understood the details contained within this application form and have attached a copy of requested documents	Yes	No
Signature of Owner /Agent:		Date:

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