



GLEN EIRA  
CITY COUNCIL

# Application for occupancy permit for a place of public entertainment\*

\*Applies only to prescribed classes of place and buildings (see attached definitions).

**Mail completed form to: Municipal Building Surveyor      or      pbc@gleneira.vic.gov.au**  
**Glen Eira City Council**  
**PO Box 42**  
**Caulfield South 3162**

From:     Owner     On behalf of the owner of the land (agent)

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Ownership details (if agent of owner is listed above)

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### In accordance with Section 54 of the Building Act 1993, I hereby apply for an occupancy permit for a place of public entertainment at (land or building details):

Number: \_\_\_\_\_ Street/road: \_\_\_\_\_ Suburb: \_\_\_\_\_

Lot/s: \_\_\_\_\_ LP/PS: \_\_\_\_\_ Volume: \_\_\_\_\_ Folio: \_\_\_\_\_

Crown allotment: \_\_\_\_\_ Section: \_\_\_\_\_ Parish: \_\_\_\_\_ County: \_\_\_\_\_

Municipal district: Glen Eira City Council

Type of entertainment: \_\_\_\_\_

Dates and times of public entertainment:

Start: \_\_\_\_\_ End: \_\_\_\_\_

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 — relevant matters for consideration of application

1. Have you organised use of safety officers (for public safety)?  Yes  No
2. Have safety officers been informed of their responsibilities (operation of fire safety elements, equipment and systems)?  Yes  No
3. Do you have evacuation procedures?  Yes  No
4. Do you have safety barriers and exits?  Yes  No
5. Do you understand the rules for control and use of naked flame in theatrical productions?  Yes  No
6. Is there exclusion of the public from unsafe areas?  Yes  No
7. Do you have a safe place to keep, test and store flammable materials or explosive items?  Yes  No
8. Are public toilet facilities available and conditions suitable?  Yes  No
9. Have restrictions on smoking and alcohol consumption in specific parts of the place of public entertainment for safety of the public been identified?  Yes  No

## Temporary structures in association with place of public entertainment (information only)

Are there any temporary:

- |                  |  |  |
|------------------|--|--|
| Seating stands   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes and holds more than 20 people, please see below*                      |
| Marquees         | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes and is larger than 100m <sup>2</sup> in area, please see below*       |
| Tents            | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes and is larger than 100m <sup>2</sup> in area, please see below*       |
| Stages           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes and is larger than 150m <sup>2</sup> in total area, please see below* |
| Lighting rigging | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please describe <sup>†</sup> : _____   |
| Stage rigging    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please describe <sup>†</sup> : _____   |
| Guard rails      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please describe <sup>†</sup> : _____   |
| Other structures | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please describe <sup>†</sup> : _____   |

\*Any temporary structure over the limits prescribed above will require an Occupancy Permit issued by the Victorian Building Authority (phone 1300 815 127). This form does not apply for permits for such structures.

<sup>†</sup> Use additional sheets as necessary to provide sufficient information.

## Details of person organising the above information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Status: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$2,992