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| **Place of Public Entertainment**  **Occupancy Permit Application**  *Building Regulations 2018*  *Regulation 192 - Form 16* |  |

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| **Municipal Building Surveyor**  **Cardinia Shire Council**  [**mail@cardinia.vic.gov.au**](mailto:mail@cardinia.vic.gov.au) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FROM:** |  | Owner of Place of Public Entertainment | | | | | | | | | | | |  | On Behalf of Owner of Place of Public Entertainment | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address | |  | | | | | | | | | | | | | | | | | | | | Postcode: | | | | |
| Contact Person | |  | | | | | | | | | | | | Phone: | | | | | | | | Fax: | | | | |
| Applicant Email | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| **Ownership Details:**  ***(Only if Agent of Owner listed above)*** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Postal Address | | |  | | | | | | | | | | | | | | | | | | | Postcode: | | | | |
| Contact Person | | |  | | | | | | | | | | | Phone: | | | | | | | | Fax: | | | | |
| * **In accordance with Section 54 of the Building Act 1993, I hereby apply for an Occupancy Permit for a Place of Public Entertainment at -** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PROPERTY DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TEMPORARY STRUCTURES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is it proposed to have any temporary:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seating stands for more than 20 persons? | | | | | Yes | |  | | No |  | | | Tents or Marquees with a floor area more than 100 m2? | | | | | | | Yes | | |  | | No |  |
| Stages exceeding 150 m2 in floor area ? | | | | | Yes | |  | | No |  | | | Prefabricated buildings not placed directly on the ground exceeding 100m2? | | | | | | | Yes | | |  | | No |  |
| **Note: Location of all temporary structures to be indicated on the site plan for the event** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESCRIPTION OF TEMPORARY STRUCTURES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size: | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | |
| Type: | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | |
| BC Permit Number: | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | |
| Hire Company Details: | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | |
| **NAME OF EVENT** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PERIOD OF OCCUPATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | | | | Mon | | | | Tues | | | | Wed | | | | Thurs | | Fri | Sat | | | | | Sun | | |
| Date | | | |  | | | |  | | | |  | | | |  | |  |  | | | | |  | | |
| Commencement Time | | | |  | | | |  | | | |  | | | |  | |  |  | | | | |  | | |
| Conclusion Time | | | |  | | | |  | | | |  | | | |  | |  |  | | | | |  | | |
| **DISPLAY OF PERMIT - Nominate location where Permit can be displayed for public viewing*.***  **Note: Usually at main entrance ticket booth or administrative/public address building/caravan** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NUMBER OF PERSONS - Indicate the maximum number of persons to be in attendance at the event at any one time ie. includes participants and spectators.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SAFETY OFFICER DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | | |
| Contact mobile phone during event | | | | | | | | |  | | | | Fax No *where applicable* | | | | | | |  | |
| Note: | A safety officer is usually required to be in attendance at the Place of Public Entertainment to provide for the safety of the public. | | | | | | | | | | | | | | | | | | | | |
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|  | The Safety Training Qualification to be held by any person engaged as a Safety Officer to be to the satisfaction of the Chief Officer of the CFA or the Building Commission. | | | | | | | | | | | | | | | | | | | | |
|  | The responsibilities of the safety officer include but are not limited to –   1. the operation of fire safety elements, equipment and systems; 2. the establishment and operation of evacuation procedures; 3. the safety of barriers and exits; 4. the exclusion of the public from unsafe areas; 5. the location and designation of passage ways and exits; 6. the availability of public toilet facilities and the condition of those facilities; 7. the ignition of fireworks and the discharge of pistols or other shooting devices in a safe and responsible manner; to the extent that this is not required by any other Act or Regulation. 8. the keeping, testing and storage of flammable material or explosive items and equipment in a safe manner, to the extent that this is not required by any other Act or regulations; 9. **Ensuring compliance with all conditions of this Permit.** | | | | | | | | | | | | | | | | | | | | |
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| **TOILET FACILITIES** | | | | | | | | | | | | | | | | | | | | | |
| Nominate the number and location of all existing and portable/temporary toilet facilities. | | | | | | | | | | | | | | | | | | | | | |
| **Location** | | | | **No of Female** | | | **No of Male** | | | | | | | **No of Disabled [Unisex]** | | | | No of Disabled | | | |
|  | | | | Closet Fixtures | | Wash Basins | | Closet Fixtures | | Urinals | | Wash Basins | | | Closet Fixtures | Wash Basins | | | Female Fixtures  Basins | | Male Fixtures  Basins |
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| **TOTAL** | | | |  | |  | |  | |  | |  | | |  |  | | |  | |  |
| Note: | | One closet fixture for every 200 female persons or part thereof.  One closet fixture or urinal 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 urinal.  One washbasin for every 200 persons.  One unisex disabled closet fixture and washbasin for every 20,000 persons or part thereof.  **The location of all toilets must be indicated on the site plan for the event.** | | | | | | | | | | | | | | | | | | | |
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| **DRINKING WATER** | | | | | | | | | | | | | | |
| Nominate the number and location of all proposed drinking water fountains. | | | | | | | | | | | |  | | |
| Note: | | * One drinking water fountain/tap should be provided for every 200 persons. | | | | | | | | | | | | |
|  | | * This ratio may be negotiated by consulting with the Municipal Building Surveyor. | | | | | | | | | | | | |
|  | | * Alternatively drinking water may be provided at all food and bar outlets free of charge. | | | | | | | | | | | | |
|  | | **The location of all proposed drinking water fountains/taps must be nominated on the site plan for the event.** | | | | | | | | | | | | |
| **SECURITY CROWD CONTROL** | | | | | | | | | | | | | | |
| Nominate provisions for crowd control and security. Details must include: | | | | | | | | | | | | | | |
| * The name of the security organisation. | | | | | | | | |  | | | | | |
| * Contact phone number during the event. | | | | | | | | |  | | | | | |
| * Number of persons to be provided/engaged for the duration of the event. | | | | | | | | |  | | | | | |
| **UNSAFE AREAS** | | | | | | | | | | | | | | |
| Nominate any unsafe areas where public access should be restricted ie. portable generators, stages etc. on the site plan for the event. | | | | | | | | | | | | | | |
| **EXITS** | | | | | | | | | | | | | | |
| Nominate location and width of all exit gates/doors on site plan for the event. | | | | | | | | | | | | | | |
| **EMERGENCY EVACUATION** | | | | | | | | | | | | | | |
| Plan/Procedure for the event to be provided with application. | | | | | | | | | | | | | | |
| **FIRST AID** | | | | | | | | | | | | | | |
| Nominate the proposed first aid facilities and officers to be provided for the duration of the event. | | | | | | | | | | | | | | |
| Note: | | | First aid rooms to be provided as per the following Table | | | | | | | | | | | |
|  | | | | | **Number of Persons** | | | | | **Number of rooms** | | | |  |
|  | | | | | 5,000 – 10,000 | | | | | 1 | | | |  |
|  | | | | | 10,000 – 15,000 | | | | | 2 | | | |  |
|  | | | | | 15,000 – 30,000 | | | | | 3 | | | |  |
|  | | | | | Each extra 15,000 or part thereof | | | | | 1 | | | |  |
|  | | | | Note: | | First Aid Rooms must: | | | |  | | | | |
|  | | | | | | 1) | be readily accessible | | | | | | | |
|  | | | | | | 2) | have a floor area not less than 24 m2 | | | | | | | |
|  | | | | | | 3) | be provided with a suitable washbasin or sink | | | | | | | |
| Notes: | | | * The location of all first aid rooms must be indicated on the site plan for the event. * Number of persons is based on daily attendances of patrons and employees. | | | | | | | | | | | |
| **FIRE SERVICES** | | | | | | | | | | | | | | |
| Nominate on the site plan, any existing fire fighting equipment such as fire extinguishers, hose reel and hydrants that are located within the venue.  **No**te: In some cases a fire tanker may be required. | | | | | | | | | | | | | | |
| **OTHER FEATURES** | | | | | | | | | | | | | | |
| Further information will also be required should the event include features such as: | | | | | | | | | | | | | | |
|  | Fireworks/Explosives/Flammable Materials  Amusement Rides  Naked Flames ie. [Theatrical Productions] | | | | | | | | | | | | | |
| **FEES** | | | | | | | | | | | | | | |
| **\*NOTE** | | * **Minimum fee of $1136.00 (no GST) as at 1 July 2023 (allows for a maximum 2 hour assessment) must be paid when making application.** * **Assessment time exceeding 2 hours will incur additional fees at $80.00 per hour or part thereof.** | | | | | | | | | | | | |
| **Signature of Owner/Agent of Owner** | | | | | | | |  | | | **Date** | |  | |