
# Application for an Occupancy Permit for a Place of Public Entertainment (POPE)

*Please submit this form to* *buildplan@whittlesea.vic.gov.au* *or by mail to 25 Ferres Blvd, South Morang 3752. Application fee applies. See website for details.* ***See page 5 checklist for additional information.***

**Applicant Details**

|  |  |
| --- | --- |
| Organisation Name |  |
| Contact Person |  |
| ABN/ACN (if applicable) |  |
| Are you a charity or NFP? |  No  Yes – Provide Name: |
| Email |  |
| Mobile |  | Phone |  |
| Postal Address |  |
| Town |  | Postcode |  |

**Event Information**

|  |  |
| --- | --- |
| Name of Event |  |
| Event Type |  |
| Proposed Location |  |
| Proposed Dates |  | Proposed Times |  |
| Land Owner |  |

**Event Coordinator Details**

|  |  |
| --- | --- |
| Coordinator Name |  |
| Position |  |
| Email |  |
| Mobile |  | Phone |  |
| Postal Address |  |
| Town |  | Postcode |  |

**Event Overview**

|  |
| --- |
| **Briefly describe event.** |
| **Event Dates/ Times** |
| When will you commence setting up? | Date: |  | Time: |  |
| When does your event start? | Date: |  | Time: |  |
| When does your event finish? | Date: |  | Time: |  |
| When will you complete packing up? | Date: |  | Time: |  |
| **Event Venue/ On Road Activity** |
| Proposed Event Location: |
| Have you booked your venue? |  Yes |  No |
| Is there sufficient parking on site? |  Yes |  No |
| Will your event be conducted fully or partially on a roadway? |  Yes |  No |
| **Event History** |
| Has this event been held before? |  Yes |  No |
| If yes, when, and where? (Year, Town) |
| **Who will attend your event?** |
| Estimated number of spectators |  |
| Estimated number of participants |  |
| Estimated (combined) peak attendance number at any given time |  |
| Who is your target audience? |  |
| **Is entry to your event:** | Free |  Yes |  No |
| Ticketed |  Yes |  No | Gold Coin/Donation |  Yes |  No |

**Event Infrastructure**

Please provide a scaled Site Plan of your event venue with the location of each item below that you are planning to include. Include additional pages for details if required.

|  |  |  |
| --- | --- | --- |
| Are you installing fencing or temporary barriers? |  Yes |  No |
| If yes, list type (star pickets, free standing, etc.) and size: |
| Are you installing tents and/or marquees? |  Yes |  No |

|  |
| --- |
| If yes, list each marquee and size(s): |
| Are you installing prefabricated buildings not placed directly on the ground? |  Yes |  No |
| If yes, list the building type(s) and size(s): |
| Are you installing stages? |  Yes |  No |
| If yes, please describe each stage size and height: |
| Are you installing seating stands for more than 20 persons? |  Yes |  No |
| If yes, type and size: |
| What other infrastructure are you using? List type, size and number of additional infrastructure: |
|  |

If you have answered yes to any of the above questions you may need to provide Victorian Building Authority Occupancy Permit/s for any ‘Prescribed Temporary Structures’.

**Risk Management**

As part of your Risk Management obligation, evidence of the following must be attached to this Event Application:

* Evidence of an assessment of the risks associated with staging your event and the controls to mitigate those risks
* An Emergency Plan/Procedure for the event

**Public Liability Details**

A Public liability insurance Certificate of Currency (coverage to $20M minimum) must be supplied with your application. A certificate of Currency can be obtained from your insurance provider.

**Public liability insurance certificate of currency is attached to this application (tick to confirm) ** Current public liability insurance valid until: / / Coverage level (i.e. $20M) **Safety & Amenities**

|  |
| --- |
| **Safety Officer Details (Please provide for all officers, use additional pages if required.)** |
| Number of Safety Officers |  |
| Name |  |
| Qualifications |  |
| Email |  |
| Mobile |  | Phone |  |
| Postal Address |  |
| Town |  | Postcode |  |

|  |
| --- |
| **First Aid** |
| Nominate 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: |  |
| **Drinking Water (include the location of drinking water on the site plan).** |
| Nominate the number of drinking water fountains/taps |  |
| **Toilet Facilities (include the location of the toilets, including gender, on the site plan)** |
| Nominate the number and location of all existing and portable/temporary toilet facilities: |  |
| Location | Public/Portable | No. Female | No. Male | No. Unisex | No. Basins | No. Disabled |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |  |

**Additional Information**

**Is there any additional information you’d like to tell us about your event?**

|  |
| --- |
| **DECLARATION:** I hereby declare that the information provided above 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 applies.)**I have completed the Checklist on Page 5 of this Application**  **Yes** |
| **Date** |  | **Name** |  | **Signature** |  |

***Privacy Notice:*** *The City of Whittlesea (Council) is collecting your personal information to assist you in making a permit application to Council. This information will not be disclosed to anyone other than the Officers managing your application and as may be required by law. If you do not provide all the required information, Council may not be able to process your application. If you wish to gain access to your personal information collected by Council, contact us at* *buildplan@whittlesea.vic.gov.a**u*

**Please see checklist on next page to assist you in completing this application.**

# Places of Public Entertainment Paperwork Check List

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **Item** | **Note** | **Complete?** |
| **1.** | **Application Form** |  |  |
| **2.** | **Schedule of proposed buildings and structures to be used during the****event** |  |  |
| **3.** | **Three (3) copies of detailed site plans** | **A** |  |
| **4.** | **Prescribed Temporary Structures / permanent structure plan** | **B** |  |
|  | Building Authority Occupancy PermitPlan of structure and details | **C** |  |
| **5.** | **Support structure / scaffold / gantry / tower / platform structure or the like** |  |  |
|  | VBA Occupancy PermitCopy of Approved Form-Certificate of Compliance-Design with drawings Scaffold structureConcourse / platform Gantry / towerTemporary Seating (Building Commission Occupancy Permit may be required) | **D** |  |
| **6.** | **Risk management** |  |  |
|  | Risk identification and management planEvent management and emergency management procedures and plan Emergency management and evacuation manual |  |  |
| **7.** | **Public Liability Insurance** |  |  |
|  | Public liability insurance policy ($20,000,000) |  |  |
| **8.** | **Sanitary / Amenity Facilities (refer to BCA Vic 102.4)** | **E** |  |
|  | Male 1 WC per 200 persons, 30% of which must be water closets Female 1 WC per 100 personsDisabled 1 unisex disabled WC per 100 water closets or part thereof Wash hand basins 1 wash basin per 150 personsDrinking Fountains 1 per 150 persons |  |  |
| **9.** | **First aid facilities** | **F** |  |
|  | 1 room 5001 – 10,000 persons2 rooms 10,001 – 15,000 persons3 rooms 15,001 – 30,000 persons*1 room for each extra 15,000 persons or part thereof* |  |  |

## Notes:

1. Plans must show extent of grounds, building(s) to be used, (for small single structure events emergency lighting, emergency exit signs and exit widths, location and type of fire extinguisher/fire blanket and sanitary facilities can be shown on the site plan.
2. For large venues or multi structure site, individual detailed plans showing emergency exits and exit widths, exit signs and emergency lighting, location and type of fire extinguisher/blanket.
3. Check expiry date and whether permit covers type of structure to be used.
4. Check expiry date, drawing and computation (if provided) ref numbers against Approved Form.
5. This minimum number of toilet facilities is provided as a guide only and may vary upon review of the application.
6. First aid facilities station minimum room size of 24m2. Rooms must contain a sink or wash 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.