

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

Please submit this form to <u>buildplan@whittlesea.vic.gov.au</u> or by mail to 25 Ferres Blvd, South Morang 3752.

Application fee applies. See website for details.

See page 5 checklist for additional information.

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Applicant Details			
Organisation Name			
Contact Person			
ABN/ACN (if applicable)			
Are you a charity or NFP?	□ No □ Yes –	Provide Name:	
Email			
Mobile		P	hone
Postal Address			·
Town		Р	ostcode
Event Information	•	·	<u>.</u>
Name of Event			
Event Type			
Proposed Location			
	_		
Proposed Dates		Proposed Times	
Land Owner	_		
Event Coordinator Detail	Is		
Coordinator Name			
Position			
Email			
Mobile		P	hone
Postal Address			
Town		Р	Postcode

Council Offices

25 Ferres Boulevard, South Morang VIC 3752

Mail to: Locked Bag 1, Bundoora MDC VIC 3083

Phone: 9217 2170

National Relay Service: 133 677 (ask for 9217 2170)

Email: info@whittlesea.vic.gov.au

Free telephone interpreter service 131 450

whittlesea.vic.gov.au



Event Overview

Briefly describe event.									
Event Dates/ Times									
When will you commence setting	up? Date:			-	Γime:				
When does your event start?	Date:				rime:				
	Date:								
When does your event finish?				Time:					
When will you complete packing	·				Γime:				
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:						□ Yes			No
Ticketed □	Yes □ No	Gold (Coir	n/Donation		□ Yes			No
Event Infrastructure	•	<u>-</u>						-	
Please provide a scaled Site Pl	an of your event ven	ue with	the	location	of each	item bel	ow t	hat v	ou are
planning to include. Include add	•							,	0.0.0.0
Are you installing fencing or temporary barriers?					□ Ye	:S		No	
If yes, list type (star pickets, free	•	e:							
Are you installing tents and/or marguees?					П Уез П		Nο		



If yes, list each marquee and size(s	5):		
Are you installing prefabricated bui	Idings not placed directly on the ground?	□ Yes	□ No
If yes, list the building type(s) and s	size(s):	•	•
Are you installing stages?		□ Yes	□ No
If yes, please describe each stage	size and height:		
Are you installing seating stands for	r more than 20 persons?	□ Yes	□ No
If yes, type and size:			
What other infrastructure are you u	sing? List type, size and number of addit	ional infrastruct	ure:
Risk Management As part of your Risk Management ob Evidence of an assessment those risks An Emergency Plan/Procedo Public Liability Details A Public liability insurance Certificate application. A certificate of Currency	e of Currency (coverage to \$20M minimum can be obtained from your insurance pro se of currency is attached to this applie	e attached to the event and the common must be suppovider.	is Event Application: ontrols to mitigate olied with your
Current public liability insurance valid	d until:/Coverag	e level (i.e. \$20 !	VI)
Safety & Amenities			
Safety Officer Details (Please pro	ovide for all officers, use additional pa	ges if required.	.)
Number of Safety Officers			
Name			
Qualifications			
Email			
Mobile	Р	hone	
Postal Address		l	
Town	P	ostcode	



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 A	vid Officers:						
Name of First Aid	Supplier:						
Drinking Water (include the lo	ocation of	drinking wate	er on the sit	e plan).		
Nominate the nur	Nominate the number of drinking water fountains/taps						
Toilet Facilities	(include the l	ocation of	f the toilets, in	cluding ger	nder, on the sit	e plan)	
Nominate the nur	mber and locat	tion of all e	existing and por	rtable/tempo	rary toilet faciliti	es:	
Location	Public/l	Portable	No. Female	No. Male	No. Unisex	No. Basins	No. Disabled
Totals							
Additional Infor							
Is there any additional information you'd like to tell us about your event?							
DECLARATION:	I hereby decla	are that the	e information p	rovided abov	ve is true, correc	ct and there ar	e 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		Ĭ	e 5 of this App	olication	Signatura		□ Yes
Date	7	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.au

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	Α	
4.	Prescribed Temporary Structures / permanent structure plan	В	
	Building Authority Occupancy Permit	С	
	Plan of structure and details		
5.	Support structure / scaffold / gantry / tower / platform structure or the like		
	VBA Occupancy Permit	D	
	Copy of Approved Form-Certificate of Compliance-Design with drawings		
	Scaffold structure		
	Concourse / platform		
	Gantry / tower		
	Temporary Seating (Building Commission Occupancy Permit may be required)		
6.	Risk management		
	Risk identification and management plan		
	Event 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)	Е	
	Male 1 WC per 200 persons, 30% of which must be water closets		
	Female 1 WC per 100 persons		
	Disabled 1 unisex disabled WC per 100 water closets or part thereof		
	Wash hand basins 1 wash basin per 150 persons		
	Drinking Fountains 1 per 150 persons		
9.	First aid facilities	F	
_	1 room 5001 – 10,000 persons		
	2 rooms 10,001 – 15,000 persons		
	3 rooms 15,001 – 30,000 persons		
	1 room for each extra 15,000 persons or part thereof		

Notes:

- **A.** 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.
- **B.** 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.
- **C.** Check expiry date and whether permit covers type of structure to be used.
- D. Check expiry date, drawing and computation (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 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.