

# APPLICATION FOR OCCUPANCY PERMIT

FORM 15 | REGULATION 186(1) | BUILDING ACT 1993 | BUILDING REGULATIONS 2018



This application form can be used to apply for an Occupancy Permit, amend an existing Occupancy Permit or a Place of Public Entertainment

<b>TO: THE MUNICIPAL BUILDING SURVEYOR - CENTRAL GOLDFIELDS SHIRE COUNCIL</b>			
<b>NAME:</b>	Craig Sproat		
<b>CLASS:</b>	BS-Unlimited	<b>Registration Number:</b>	18788
<b>FROM: OWNER / AGENT<sup>1</sup> OF OWNER</b> <i>This is the person applying for the permit (the applicant).</i>			
APPLICANT NAME (OWNER / AGENT):			
ACN / ARBN (IF APPLICABLE):		CONTACT PERSON:	
CONTACT EMAIL:		CONTACT PHONE NO.:	
<b>In accordance with *Section 42 / *Section 54 of the Building Act 1993, I apply for an occupancy permit for the (please tick)</b>			
<input type="checkbox"/> Building		<input type="checkbox"/> Place of Public entertainment	
<b>PROPERTY DETAILS</b> <i>Address of property you are applying for an Occupancy Permit for. Please provide all available property information.</i>			
STREET NO.:		STREET NAME:	
CITY / SUBURB / TOWN:			POSTCODE:
LOT(S)	LP/PS:	VOLUME:	
FOLIO:	CROWN ALLOTMENT:	SECTION NO:	
PARISH:		COUNTY: <b>TALBOT</b>	
MUNICIPAL DISTRICT: <b>Central Goldfields Shire</b>			
<b>NATURE OF APPLICATION</b> <i>Tick all categories that apply to this Building Permit or give other description.</i>			
<input type="checkbox"/> New building		<input type="checkbox"/> Amendment to existing occupancy permit	
<input type="checkbox"/> Alteration to an existing building		<input type="checkbox"/> Change of use of an existing building	
<input type="checkbox"/> Place of public entertainment			
<input type="checkbox"/> Other, (give details):			
<b>BUILDING PERMIT DETAILS</b>			
BUILDING PERMIT NUMBER:			

**BUILDING PRACTITIONERS<sup>2</sup> AND / OR ARCHITECTS WHO WERE ENGAGED IN BUILDING WORK**

*Include all building practitioners and architects who were involved in the building work and were not listed at the time of completion of the application for building permit. If you need additional space, please provide a separate page with this application.*

NAME	CATERGORY / CLASS	REGISTRATION NO.

**USE(S) APPLIED FOR**

*If you need additional space, please provide a separate page with this application.*

PART OF BUILDING	PROPOSED USE	BCA CLASS OF BUILDING

To conduct Public Entertainment

**CERTIFICATES OF COMPLIANCE**

*Please ensure all copies of compliance certificates for plumbing work and electrical work are attached in accordance with regulation 186(2)(b).*

<b>SIGNATURE OF:</b>	<input type="checkbox"/>	<b>OWNER</b>	<input type="checkbox"/>	<b>AGENT</b>
<b>SIGNATURE:</b>				
<b>PRINT NAME:</b>			<b>DATE:</b>	

**SUBMIT APPLICATION TO CENTRAL GOLDFIELDS SHIRE COUNCIL****Email a scanned / electronic copy to:**

Attention: Municipal Building Surveyor  
[mail@cgoldshire.vic.gov.au](mailto:mail@cgoldshire.vic.gov.au)

**Post or drop off to:**

Attention: Municipal Building Surveyor  
 Central Goldfields Shire Council  
 PO Box 194 Maryborough Victoria 3465  
 (22 Nolan Street)

**PERSONAL INFORMATION AND PRIVACY STATEMENT**

*The personal information requested in this form is being collected by Council for assessment of your application. The information will be used solely by Council for this primary purpose or for directly related purposes in accordance with Council's Privacy Policy. We will not use your personal information for any other purpose without first seeking your consent, unless authorised or required by law. You may apply to Council for access to and / or to amend any of the information. Requests for access and / or correction should be made to Council's Privacy Officer.*