TEMPORARY OCCUPANCY APPROVAL

(BUILDING ACT 1993, SECTION 66, Building Regulations 2018)

Application Type

|  |  |
| --- | --- |
| New Application | Amendment to an Existing Approval – Number: |

Step 1. Applicant Details

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | | |
| Name |  | | |
| Postal Address |  | | |
| Mobile |  | Email |  |

Step 2. Are you the owner of the property?

Yes  No (Please attach a completed agent authorisation form.)

 Step 3. Please provide the property details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Street no. |  | Street name |  | | |
| Suburb |  | | | Post code |  |
| Lot no. |  | LP/PS |  | | |

Step 4. Building Details

|  |  |  |
| --- | --- | --- |
| Building Number/Name/Description | |  |
| Building Classification(s) |  | |
| Current Use(s) |  | |

Step 5.  Proposed Temporary Use

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The Proposed Temporary Use Applies to | The Whole Building | | Part of the Building | |
| Does the Temporary Use Include People Sleeping at the Property? | | No | | Yes |
| Proposed Use(s) | |  | | |

Step 6.  Proposed Period of Occupation for Temporary Use (Periodic)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Start Date |  | | End Date |  | | | |
| Days of Occupation | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| Start Time |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  |

Step 7.  Proposed Period of Occupation for Temporary Use (Continuous)

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date & Time |  | End Date & Time |  |

Step 8.  Number of Occupants

|  |  |
| --- | --- |
| Expected maximum number of occupants of the building at any given time (including staff) |  |

Step 9.  Occupation to be Supervised

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Will occupation be supervised? | | | | | No | Yes | | | | |
| Supervised Days | | Mon | | Tue | Wed | Thu | Fri | Sat | | Sun |
| Start Time | |  | |  |  |  |  |  | |  |
| End Time | |  | |  |  |  |  |  | |  |
| Name of person who  will undertake supervision | | |  | | | Qualifications/Training | | |  | |
| Contact Address |  | | | | Suburb |  | | | Postcode |  |
| Phone |  | | | | Email |  | | | | |

Step 10.  Any Additional Supervisor Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Qualifications/Training |  |
| Name |  | Qualifications/Training |  |

Insert additional rows as required

Step 11.  Sanitary Facilities

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Existing or  Temporary | Location | Female/ Male/ Unisex/ Disabled/Other | No. Closet Fixtures | No. Urinals | No. Wash Basins | No. Showers | Disability Utilities |
| Ex.  Temp |  |  |  |  |  |  |  |
| Ex.  Temp |  |  |  |  |  |  |  |
| Ex.  Temp |  |  |  |  |  |  |  |

Insert additional rows as required

Step 12.  Dangerous or Unsafe Areas

|  |  |  |  |
| --- | --- | --- | --- |
| Are there any dangerous or unsafe areas within the building? | | No | Yes |
| Location and nature of dangerous areas |  | | |

Step 13.  Exits & Paths of Travel

|  |  |  |
| --- | --- | --- |
| How many exits are available to all habitable areas? |  | |
| What are the maximum travel distances? (attach diagram) |  | |
| Are exit doors compliant and maintained? |  | |
| Are exits illuminated? | No | Yes |

Step 14.  Fire Safety

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are there any essential safety measures (ESM’s)? | No | | Yes | | |
| Have ESM’s been maintained? | No | Yes | | | N/A |
| Is there an emergency management and evacuation  plan in place? (attach plan) | No | | Yes | | |
| List all existing firefighting equipment (type & location) |  | |  | | |
|  | |  | | |
|  | |  | | |
| List any additional firefighting equipment (type & location) |  | |  | | |
|  | |  | | |
|  | |  | | |
| Are all smoke detectors fully functional? | No | | | Yes | |
| Is there artificial lighting in the event of an emergency? |  | | |  | |

Step 15.  Kitchen Areas

|  |  |  |  |
| --- | --- | --- | --- |
| Are any kitchen areas available? | | No | Yes |
| Is fire safety equipment provided to kitchen areas? | | No | Yes |
| If Yes, provide details |  | | |

Step 16.  Disability Access

|  |  |  |  |
| --- | --- | --- | --- |
| Is the building accessible for people with disabilities? | | No | Yes |
| If yes, provide details |  | | |
| If No, can access be given? |  | | |

Step 17.  Specialist Equipment, Facilities etc

|  |  |  |  |
| --- | --- | --- | --- |
| Is any specialist equipment proposed to be used? | | No | Yes |
| Could specialist equipment pose a risk to occupants? | | No | Yes |
| If Yes, provide details |  | | |

Step 18.  Previous Approvals

|  |  |  |
| --- | --- | --- |
| Have any temporary occupancy approvals been provided for this building before? | No | Yes |
| If Yes, provide the date(s) of all previous temporary occupancy approvals |  | |

Insert details of the duration and nature of each prior temporary occupancy approval

Step 19.  Additional Comments (optional)

|  |
| --- |
|  |

Step 20.  Declaration

|  |
| --- |
| I, , am authorised to apply for this temporary occupancy approval. I do so to the best of my knowledge and understand that it is an offence under section 246 of the Building Act 1993 (Vic) to knowingly make any false or misleading statements or provide any false or misleading information under that Act |

Step 21.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant |  | Date | / / |

Step 22. Return this form and the required documents via one of the methods below

* Save and email this Word document to [building@ballarat.vic.gov.au](mailto:building@ballarat.vic.gov.au)

We will e-mail you out a schedule of fees to pay online, or

* Print this form and bring it in to The Phoenix Building 25 Armstrong St Sth, Ballarat. You will be able to pay over the counter from 8.30am – 5pm Monday to Friday

Step 23. The 2023-24 payable fee is $479.20

|  |  |
| --- | --- |
| Office use only (PP/BPA) 2023/24 | |
| Receipt number |  |
| Date received |  |

Ensure you have attached the following documents:

A copy of the Certificate of Title not more than 6 months old and in the current owner/s name/s

Agent authorisation form. (If required, see page 7)

Where application is made on behalf of a company or trustee, a copy of a recent company extract or trust deed

Evidence of relevant supervisor qualifications or training

Detailed plans showing floor layout, the part of the building for which the application is made, location of hygiene and other facilities, maximum travel distances for paths of travel from sleeping facilities, location of fire services and any other relevant features

Emergency management and evacuation plan

Copy of most recent Annual Essential Safety Measure Report (AESMR)

Notes

|  |  |
| --- | --- |
| 1. | The Applicant for this application must be:   * The individual owner of the land; or * A director of a company, partner of a partnership, trustee of a trust, or an authorised agent or representative on its behalf; or * An authorised agent or representative of the owner.   An ‘owner’ has the same meaning as in the Building Act 1993 and without limiting that definition, means, in relation to the land as the case may be, the person(s) who is registered or entitled to be registered as proprietor of an estate in fee simple in the land; the person(s) who is the owner of the fee or equity of redemption; the Minister administering the Crown Land (Reserves) Act 1978; or the Minister or public authority that manages or controls the land |
| 2. | An ’agent’ or representative is someone authorised to make the application on behalf of the owner. A letter or other document of authority must be provided with this application.  Pursuant to Section 248 of the Building Act 1993 (Vic) a person must not act on behalf of an owner of a building or land for the purpose of making any application unless the person is authorised in writing by the owner to do so. Penalties apply. |
| 3. | ‘Dangerous or unsafe areas’ may include any area of the building or property that may pose a danger to the life, health or safety of an occupant, such as areas with electricity generators, dams, open flames (excluding kitchen areas), unsafe heights etc, including any areas where dangerous activities may be carried out at the building. Consideration should be given to whether an area may be unsafe for children as well as adults. |
| 4. | A ‘habitable area’ is any area used primarily for sleeping |
| 5. | ‘Essential Safety Measure’ (ESM) has the same meaning as in the Building Regulations 2018, and without limiting that definition, includes any item that is required by or under the Act or Regulations to be provided in relation to a building or place of public entertainment.  ‘Maintenance determination’ and ‘Maintenance schedule’ also have their corresponding meanings in the Building Regulations 2018 |
| 6. | ‘Specialist Equipment’ and ‘Specialist Facilities’ includes any technical or professional equipment, tools, materials or the like used for the provision of services or activities including, without limitation, quarantine, medical treatment, detention, or the like. |
| 7. | Pursuant to Section 246 of the Building Act 1993 (Vic), a person must not knowingly make any false or misleading statements or provide any false or misleading information under that Act. Penalties apply. |
| 8. | The application fee is non-refundable regardless of whether the application is approved or refused |
| 9. | If any details in respect to the application change after it is submitted but before the application is determined, you must advise Council as soon as possible by sending an email to [building@ballarat.vic.gov.au](mailto:building@ballarat.vic.gov.au) or calling 03 5320 5121 |
| 10. | Applicants are not required to provide all information and documents at the time the application is lodged. However, Council may not be able to determine an application without some or all of the required information, and the application may be refused or delayed unless further information is provided. |

**Note:** Your personal information is being collected by City of Ballarat for the purpose of your processing your Temporary Occupancy approval in accordance with the *Building Act 1993*. Your information will be stored in Council’s Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled, refer to Council’s Privacy Policy at [www.ballarat.vic.gov.au](http://www.ballarat.vic.gov.au/)

AUTHORISING SOMEONE TO ACT ON

YOUR BEHALF

(AGENT AUTHORISATION UNDER SECTION 240 & 248 OF THE BUILDING ACT 1993)

Step 1. Which property do you want this authorisation to apply to?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Street no. |  | Street name |  | | |
| Suburb |  | | | Post code |  |
| Lot no. |  | LP/PS |  | | |

Step 2. Who are you authorising?

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | | |
| Name |  | | |
| Postal Address |  | | |
| Mobile |  | Email |  |

Step 3. In relation to the above property, what are you authorising this agent to do?

Access archived building permit documents

Act on my behalf for a Report and Consent application

Act on my behalf in relation to any Building Notice or Building Order

Act on my behalf for the purpose of making any application, appeal, or referral under the Building Act

☐ To make representations and act on my behalf regarding an application to resolve illegal building works

Step 4. Please provide your details and signature

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your signature |  | | | Date | Click or tap to enter a date. |
| Your full name |  | | | | |
| Postal Address |  | | | | |
| Mobile |  | Email |  | | |