

Application for siting consent of a prescribed temporary structure - place of public entertainment

Building Act 1993
Building Regulations 2018
Knox Planning Scheme
Health Act 1958
Knox Community Laws

TO THE MUNICIPAL BUILDING SURVEYOR						
Owner of land:						
Address:					Postcode:	
Phone number:			Email:			
Agent of owner (if applicable):						
Postal address:					Postcode:	
Phone number:			Email:			
Indicate if the applicant is a lessee or licensee of Crown land to which this application applies (if applicable) YES or NO						
PROPERTY DETAILS						
No:	Street/road:			Suburb:		Postcode:
Lot/s:	LP/PS:	Volume:	Folio:	Crown allotment:		Section:
Parish:		County:	Municipal district: Knox			
Indicate is the land owned by the Crown or a public authority (if applicable)						YES NO
NATURE OF EVENT						
Event:						
Duration of event: from / / to / /						
SIGNATURE AND DATE						
Signature of owner or agent:					Date:	