Application for a place of public entertainment Occupancy Permit

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

TO THE MUNICIPAL BUILDING SURVEYOR					
Event Applicant (Agent of Owner):					
Postal address:					Postcode:
Phone number:			Email:		
Owner of land:					
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:					
Patron Numbers:					
Duration of event: from / / to / /					
SIGNATURE AND DATE					
Signature of owner or agent:					Date: