

# APPLICATION FOR A TEMPORARY PUBLIC BUILDING/EVENT

Health (Public Buildings) Regulations 1992

**Application forms need to be received at least six weeks before the event**

## APPLICANT DETAILS

Event coordinator's name:

Business name:

Postal address:

Phone:

Fax:

Mobile:

Email:

## EVENT DETAILS

Event name:

Ticketed event?  Yes  No

Venue:

Location no.:

Street:

Town/suburb:

## DATES AND DURATION (if the event goes over three days please make a separate list)

Day	Date	Expected no. (#) of patrons	Start time	Finish time

## PROVISION OF FACILITIES AND SERVICES<sup>1</sup>

<b>Sanitary facilities</b>	Please tick (✓) <b>all</b> boxes that apply. Are facilities:		Please quantify facility numbers below:					
	<input type="checkbox"/> Fixed/permanent	<input type="checkbox"/> Portable <sup>2</sup>	<input type="checkbox"/> Both					
	Who cleans facilities before and during the event:			Toilets				
	Who maintains soap and paper towel supplies:			Urinals				
			Shower					
			Hand basins					
Will accessible sanitary facilities <sup>3</sup> be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____								
<b>Solid waste disposal</b>	Please quantify bin numbers below and mark their location on the plan.							
	Wheelie bins		Skip bins		Other			
	Which company is providing waste collection services _____							
Which individual or company is contracted to clean after the event _____								
<b>Traffic management</b>	Approximately how many parking spaces are available? _____							
	Will parking attendants be available to coordinate parking?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
	Will alternative transportation be available to and from the event?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
	If so, what transportation arrangements have been made? _____							
	Will road closures be involved?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>Camping</b>	Will camping be offered at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many camp sites? _____							
	How will separation of vehicles and campers be controlled to mitigate personal safety risks? _____							

<sup>1</sup> All facilities and services should be included on the plan submitted with this application in particular the location of toilets, bins and camping.

<sup>2</sup> It is important that portable sanitary facilities used over a period of time are accessible to be pumped out and do not overflow.

<sup>3</sup> Accessible sanitary facilities ensure people with disabilities are able to utilise the facilities.

## FOOD AND BEVERAGES

<b>Food – Traders Permit</b>	Will food be sold at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please provide details below (if there are more than four food businesses make a separate list)			
	Food business name	Contact (incl. phone no.)	Description of food for sale	Registered
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Beverages – Liquor Licence</b>	Is the event liquor licenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify area on the plan.	
	Is free drinking water supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No		How will it be supplied? _____	
	_____			

## INFRASTRUCTURE AND ENTERTAINMENT<sup>4</sup>

<b>Structures</b>	Please tick (✓) <b>all</b> boxes that apply.				
	<input type="checkbox"/> Marquees/tents	<input type="checkbox"/> Stages	<input type="checkbox"/> Spectator stands	<input type="checkbox"/> Climbing walls	
	<input type="checkbox"/> Bouncy castles	<input type="checkbox"/> Cinema screens	<input type="checkbox"/> Fencing	<input type="checkbox"/> Other	
	Please provide details below (if there are more than four structures make a separate list):				
	Type of structure	Area (m <sup>2</sup> )	Height (m)	Contact name and number <sup>5</sup>	Insurance current
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Electrical equipment</b>	Please quantify equipment numbers below and mark its location on the plan.				
	Portable generating equipment		Lighting towers		Other _____
	How will trip hazards from leads be avoided? _____				
<b>Entertainment</b>	Please tick (✓) <b>all</b> boxes that apply.				
	<input type="checkbox"/> Amusement rides/equipment	<input type="checkbox"/> Animal petting display/zoo	<input type="checkbox"/> Public procession/parade		
	<input type="checkbox"/> Fireworks/pyrotechnic displays	<input type="checkbox"/> Other _____			
Please provide further details including contact name/number for person(s) responsible, location/duration, insurance details, WorkSafe approvals and any other relevant information.					
_____					
<b>Noise – Regulation 18 Approval</b>	<input type="checkbox"/> Amplified music <input type="checkbox"/> Live band <input type="checkbox"/> Commentary <input type="checkbox"/> Other _____				
	Main act(s): _____				
	_____				
		Date(s)	Start time(s)	Finish time(s)	
	Main acts				
	Sound checks/rehearsals				
	Set up				
Pack down					

<sup>4</sup> All structures and equipment should be included on the plan submitted with this application in particular the location of stages, marquees, amusements, generators and lighting towers.

<sup>5</sup> This person should be able to provide information about the structure such as engineering specifications, wind limitations, maintenance schedule, and insurance validity. The person may be contacted for further information.

## INFRASTRUCTURE AND ENTERTAINMENT<sup>4</sup>

<b>Noise – Regulation 18 Approval (cont'd)</b>	Other relevant contact information (e.g. promoter, sound system supplier)			
	Name	Title/Company	Contact number	
	Please tick (✓) <b>all</b> boxes that apply to advertisement of the event.			
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Social media	<input type="checkbox"/> Letter drop
	<input type="checkbox"/> Signage	<input type="checkbox"/> Other _____		
	What is the proposed max. noise level at any point 30m from the speakers?			_____ dBA <sup>6</sup>
Approx. distance to residential properties (meters) <sup>7</sup>	N	S	E	W
Are private residences located within a 500m radius of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, advisory notices need to be submitted to us before distribution and must include:				
Appointed contact person for complaints: _____				
Allocated telephone number for complaints: _____				
The plan submitted with this application needs to show:				
<input type="checkbox"/> Location and orientation of stage <input type="checkbox"/> Location of speakers incl. upper level loudspeakers				

## HEALTH AND SAFETY

<b>Crowd control and security</b>	Name of crowd control agent:		Officers	No. (#)		
	Is a crowd control plan available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Crowd control			
	Please specify how officers will communicate: _____		Security			
<b>First aid</b>	First aid post provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		First aiders			
	Please specify how patrons will be advised of the first aid location: _____					
<b>Fire extinguishers</b>	No. (#)	Location	Signage			
<b>Exits</b>	No. (#)	Location	Width <sup>8</sup>			
	Are exit signs illuminated and/or clearly marked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Smoking zone</b>	Is the event smoke-free? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, identify smoking zones on the plan.					
<b>Management plans</b>				Yes	No	N/A
	Has a risk management plan <sup>9</sup> been submitted with this application?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has an emergency evacuation plan <sup>10</sup> been submitted with this application?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are all attendants aware of the content of the plans and their role?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Briefly describe how an emergency evacuation will be coordinated. Please also specify how communication will be transmitted both between attendants and to the patrons. _____ _____					

<sup>6</sup> Emissions exceeding 100dBA measured as a LA<sub>eq</sub>(1 minute) will not be granted approval.

<sup>7</sup> Environmental Health Services can be contacted on 9186 8555 to request a map highlighting a 500m radius around the event.

<sup>8</sup> Under the Guidelines for concerts, events and organised gatherings the optimum width to allow for streaming flows is 2.5m. The location and width of exits should be included on the plan submitted with this application.

<sup>9</sup> Australian Standard 4360-2004 Risk management.

<sup>10</sup> Australian Standard 3745-2010 Planning for emergencies in facilities.

OTHER AGENCIES TO NOTIFY			
Please ensure the agencies below have been notified where applicable	Yes	No	N/A
Have <b>WA Police</b> and <b>Liquor Enforcement Unit</b> been notified about the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the event involve the sale/supply of alcohol? If so, please ensure that: 1. a liquor licence is obtained through <b>Racing Gaming and Liquor</b> ; 2. the liquor licensed area is designated on plans submitted with this application; and 3. a letter of consent has been obtained from the land owner. <sup>11</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the event involve fireworks or other pyrotechnic displays? If so, please provide approval number from <b>WA Department of Mines and Petroleum</b> and liability insurance certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are City of Karratha's <b>Community Services</b> <input type="checkbox"/> , <b>Waste Services</b> <input type="checkbox"/> , <b>Leisure Services</b> <input type="checkbox"/> , <b>Technical Services</b> <input type="checkbox"/> or other departments (specify) _____ involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


GENERAL ADMINISTRATION			
Please specify whether the following documentation has been submitted with this application	Yes	No	N/A
A <b>site plan or sketched drawing</b> needs to be submitted and should include detailed information as outlined on page 5 of this form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A <b>certificate of electrical compliance</b> (Form 5) needs to be submitted if electrical systems are installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A <b>statement of construction</b> needs to be submitted if a stage, marquee or other structure is erected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A <b>certificate of currency for public liability insurance</b> needs to be submitted for every event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A <b>draft advisory notice</b> needs to be submitted if private residences within a 500m radius will be impacted by noise and the event requires a Regulation 18 Approval <sup>12</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An <b>emergency evacuation plan</b> needs to be submitted for every event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A <b>risk management plan</b> needs to be submitted for every event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered 'no' to any of the above questions, further information should be provided below. _____ _____ _____			

I/We declare that all details in this form are true and correct.


\_\_\_\_\_  
Signature of applicant


\_\_\_\_\_  
Date

Once this application has been completed, please return it to the City via any of the below methods.

 Email      Scan and email to enquiries@karratha.wa.gov.au

 Fax      Fax to 08 9185 1626

 Mail      City of Karratha  
PO Box 219  
KARRATHA WA 6714

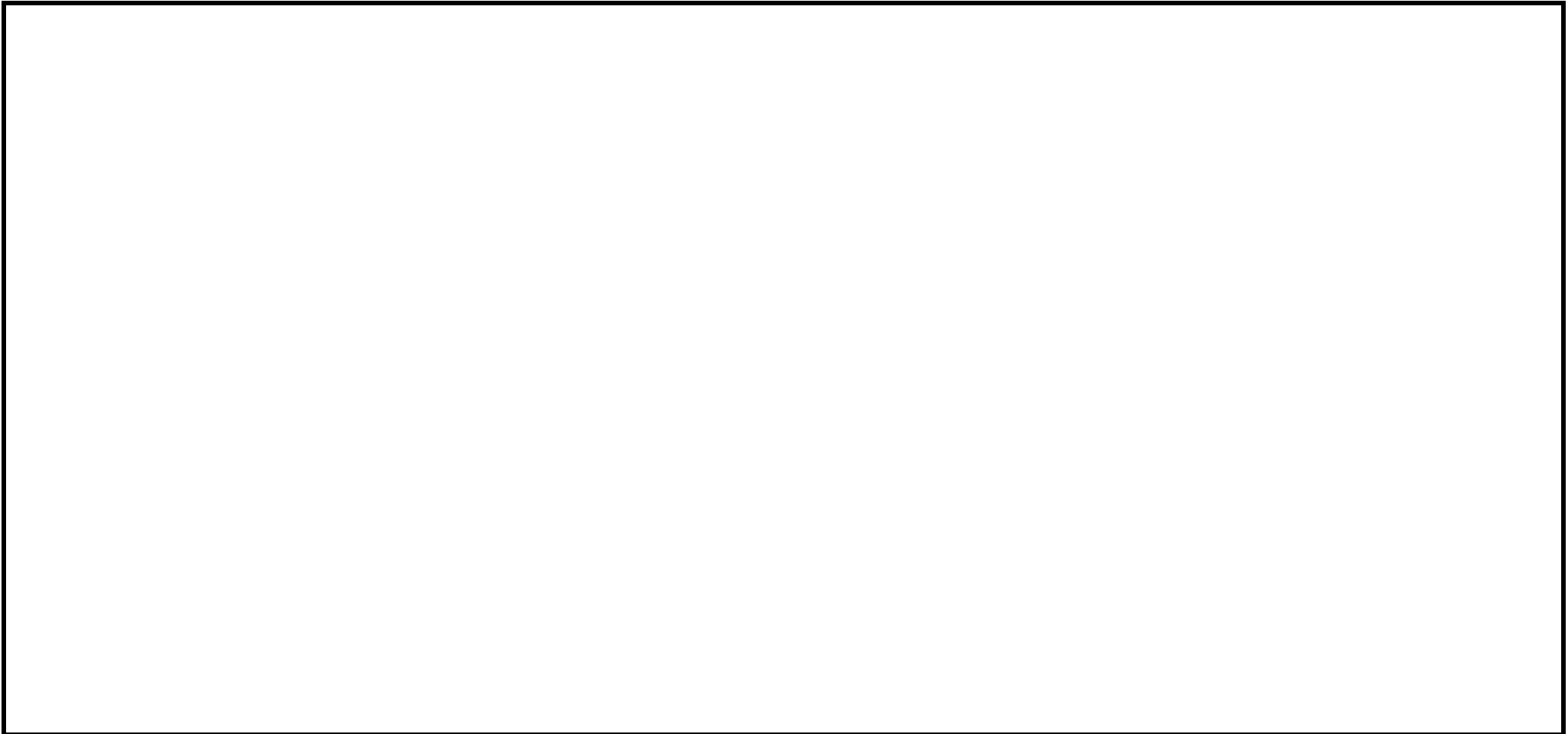
 In person      Visit the Administration Office at  
Welcome Road  
KARRATHA WA 6714

<sup>11</sup> Karratha Leisureplex issue approvals for City of Karratha reserves and buildings.

<sup>12</sup> Approval to conduct an event that is likely to result in the emission of noise in contravention of the standard prescribed under Regulation 7 of the Environmental Protection (Noise) Regulations 1997.

Please provide a site plan **or** sketch a drawing in the boxed area below. The plan must include the location of the following facilities (if applicable).

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Amusements                                | <input type="checkbox"/> Emergency exit points           | <input type="checkbox"/> Parking areas                    | <input type="checkbox"/> Spectator stand             |
| <input type="checkbox"/> Backup power supply                       | <input type="checkbox"/> First aid point/posts           | <input type="checkbox"/> Refuse facility                  | <input type="checkbox"/> Stages <sup>14</sup>        |
| <input type="checkbox"/> Bar facilities incl. liquor licenced area | <input type="checkbox"/> Food stalls (no. and locations) | <input type="checkbox"/> Rubbish bins                     | <input type="checkbox"/> Temporary cinema screen     |
| <input type="checkbox"/> Bouncy castle                             | <input type="checkbox"/> Information desk                | <input type="checkbox"/> Septic tanks                     | <input type="checkbox"/> Toilets (male & female)     |
| <input type="checkbox"/> Camp ground                               | <input type="checkbox"/> Lighting towers and generators  | <input type="checkbox"/> Showering facilities             | <input type="checkbox"/> Waste water disposal points |
| <input type="checkbox"/> Climbing wall                             | <input type="checkbox"/> Marquees/tents <sup>13</sup>    | <input type="checkbox"/> Smoking zones                    | <input type="checkbox"/> Water access points         |
| <input type="checkbox"/> Cooking oil disposal                      | <input type="checkbox"/> Muster points                   | <input type="checkbox"/> Speaker towers incl. orientation |  |



<sup>13</sup> Please specify whether they are more than 24m<sup>2</sup> or 55m<sup>2</sup> in area.

<sup>14</sup> Please specify whether they are more than 12m<sup>2</sup> in area or 300mm above ground.