|  |
| --- |
|  |
| **TEMPORARY OCCUPANCY PERMIT** | **Section 232** |
|  |

 Form **26**

|  |  |  |
| --- | --- | --- |
| To: |  | *Owner /Agent* |

|  |  |  |
| --- | --- | --- |
|  |  | *Address* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *Suburb/postcode* |

|  |  |
| --- | --- |
| **Building Surveyor details:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Building Surveyor: |  | Category: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Fax No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Licence No: |  | Email address: |  |

|  |  |
| --- | --- |
| **Permit Authority details:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Copy to: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Fax No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Licence No: |  | Email address: |  |

|  |  |
| --- | --- |
| **Existing building or temporary structure:** |  |

|  |  |  |
| --- | --- | --- |
| Address: |  | *(X applicable one)* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Temporary structure: |  | Existing building: |  |

|  |  |
| --- | --- |
| Existing use of building /TemporaryStructure details: |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Proposed use of building or temporary structure: |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Temporary Occupancy Permit details:** |  |

In considering the issue of a Temporary Occupancy Permit the following matters were taken into account -

|  |  |
| --- | --- |
| Documents: |  |
|  |  |
| Information: |  |
|  |  |
| Required reports: |  |
|  |  |
| Certificates provided: |  |

The use of the building or temporary structure provides for the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Number of female toilets: |  | Number of male toilets: |  |
|  |  |  |  |
| Number of accessible toilets: |  | Occupancy limit *(Persons)* |  |

This permit is subject to the following conditions -

|  |  |
| --- | --- |
| *Condition:* | *Origin:* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 *Start date Expiry date*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period for this Temporary Occupancy Permit is from |  | to |  |  |
|  |

 *Signed: Date: Permit No.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Building Surveyor: |  |  |  |  |  |