

Wyndham City Council
PO Box 197
WERRIBEE VIC 3030
Ph: 03 9742 0777
Wyndham City Council Website

Submitting Plans for Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

Council Use Only		
Lodgement Date:		
Receipt Number:		
Lodgement Officer:		

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COUNCIL SPECIFIC INFORMATION

Please use this form to apply to Wyndham City for approval of plans (renovations, redevelopments etc) for your Prescribed Accommodation related premises. Please note you do not have approval to proceed with the construction until Council has approved the plans.

ADDITIONAL INFORMATION

Rooming House Accommodation

If you provide accommodation for three or less people, you do not need to proceed with this application. Please refer to Council's Rooming House Fact Sheet for further information and requirements.

Prescribed Accommodation

If you provide accommodation for four or less people you do not need to proceed with this application.

BUILDING AND PLANNING REQUIREMENTS
Prior to lodging this application you must consult with our Town Planning and Building Departments.
Have you contacted Council's building department about this application: YES NO
Have you contacted Council's planning department about this application:
IMPORTANT: YOU MUST OBTAIN WRITTEN CONSENT FROM OUR TOWN PLANNING DEPARTMENT BEFORI COMPLETING THIS FORM
Have you obtained written consent from Council's planning department? YES NO
Type of consent provided by Town Planning Letter (please attach a copy) Consent entered on council system
Applicant Signature:

To contact Building/Planning department please contact Wyndham City on 03 9742 0777

APPLICAN	IT DETAILS			
Fields marked with an asterisk (*) are mandatory and must be	e completed			
Title*				
Surname*	Given Name(s)*			
Company Name (if applicable) Company name should end with Pty Ltd eg: Hair & Makeup Pty Ltd				
ABN*	ACN (if applicable)			
Street Address/Postal Address*	Suburb/Town*	State* Postcode*		
Business Phone After Hours Phone (Compared to the state of the state	Business Fax	Mobile		
<u>Email address</u>				
Are you the proprietor/business owner? YES NO If you are not the proprietor/business owner you are required to fill out the next section				
PROPRIETOR/BUSIN	ESS OWNER DETAILS			
Fields marked with an asterisk (*) are mandatory and must be	e completed			
Title*				
Surname*	Given Name(s)*			
*If the proprietor/business owner is a company or association, specify name of person completing the application and authority (eg. Director of Company)				
Authority eg: Director of company				
Company Name (if applicable) Company name should end with Pty Ltd eg: Hair & Makeup Pty Ltd				
ABN*	ACN (if applicable)			
ABN* Street Address/Postal Address	*Suburb/Town*	State* Postcode*		
		State* Postcode*		
		State* Postcode*		
Street Address/Postal Address		State* Postcode* Mobile		
Street Address/Postal Address Please provide at least on phone number and include area code*	*Suburb/Town*			
Street Address/Postal Address Please provide at least on phone number and include area code*	*Suburb/Town*			
Street Address/Postal Address Please provide at least on phone number and include area code* Business Phone After Hours Phone	*Suburb/Town*			
Street Address/Postal Address Please provide at least on phone number and include area code* Business Phone After Hours Phone	*Suburb/Town* Business Fax			

SECONDARY CONTACT DETAILS

Please provide council with a secondary contact person who council can contact if business owner cannot be contacted

Fields marked with an asterisk (*) are mandatory and must b	e completed		
Title*			
Surname*	Given Name(s)*		
Street Address/Postal Address*	Suburb/Town*	State*	Postcode*
Please provide at least on phone number and include area code* Business Phone After Hours Phone	Business Fax	Mobile	
Email address			
PREMIS	ES DETAILS		
Business Trading Name			
PREMISES ADDRESS			
Street Address/Postal Address*	Suburb/Town*	State*	Postcode*
Please provide at least on phone number and include area code*			
Business Phone After Hours Phone	Business Fax	Mobile	
Email address			
PRESCRIBED ACCON	MMODATION DETAILS		
Please select the type of Accommodation* Hotel/Motel Holiday Camp Hostel Student Dormitory Rooming House Other (Please specify)			
Maximum number of guest accommodated* Maximum Number of Rooms*			

WHAT KIND OF PLANS*
Please indicate the kind of works you plan to undertake
Constructing new premises
Altering existing premises
Fitting out existing premises
Proposed Opening Date:
Proposed Operating Hours:
SUPPORTING DOCUMENTS YOU NEED TO PROVIDE WITH THIS APPLICATION
Prescribed Accommodation Premises Floor Plans A plan of the premises drawn to a scale of not less that 1:100 and showing the location of all bedrooms, bathrooms, kitchens and other areas of the premises including: • Proposed use of each room; and
Floor area of each room; and
Number of occupants in each room; and
 Location of fixtures, furniture and equipment such as beds, tables and cupboards.
Location of fixtures, furniture and equipment such as beds, tables and eupboards.
FEES
Plan Assessment Fees
Fee: 281.00 Date Paid: Receipt No:
How to pay: By cash, cheque or credit card – if you know the fee to be paid, include payment when delivering the form by post, fax or in person. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you after the fee and bounts pay it.

of the fee and how to pay it.

ACKNOWLEDGEMENT

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application is a legal document and penalties exist for providing false or misleading information

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s)

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

Applicant Signature	Applicant Signature
Print Applicant Name	Print Applicant Name
Date	Date

Please note: The form is not an application for registration of premises under the Public Health and Wellbeing Act 2008.

LODGEMENT

If you intend to post or fax this form please use the details provided below:

Wyndham City Council PO Box 197

WERRIBEE VIC 3030

Ph: 03 9742 0777

Email: mail@wyndham.vic.gov.au

Website: Wyndham City Council Website

PRIVACY