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**Council Use Only**

Lodgement Date:

Receipt Number:

Lodgement Officer:

**Submitting Plans for**

**Prescribed Accommodation Premises**

Public Health and Wellbeing Act 2008

**Wyndham City Council**

PO Box 197

WERRIBEE VIC 3030

Ph: 03 9742 0777

[Wyndham City Council Website](http://www.wyndham.vic.gov.au/)

HLHA

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.

COUNCIL SPECIFIC INFORMATION

***Rooming House Accommodation***

ADDITIONAL INFORMATION

*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.*

**Prior to lodging this application you must consult with our Town Planning and Building Departments.**

BUILDING AND PLANNING REQUIREMENTS

Have you contacted Council’s building department about this application: YES NO

Have you contacted Council’s planning department about this application: YES NO

**IMPORTANT: YOU MUST OBTAIN WRITTEN CONSENT FROM OUR TOWN PLANNING DEPARTMENT BEFORE 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**

APPLICANT DETAILS

*Fields marked with an asterisk (\*) are mandatory and must be completed*

Title\* Mr Mrs Ms Other (please specify)

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\*

***Please provide at least on phone number and include area code\****

Business Phone After Hours Phone Business Fax Mobile

Email address

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/BUSINESS OWNER DETAILS

*Fields marked with an asterisk (\*) are mandatory and must be completed*

Title\* Mr Mrs Ms Other (please specify)

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)

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

Primary Language spoken at the premises\* *(to assist with communication in the future)*

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 be completed*

Title\* Mr Mrs Ms Other (please specify)

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

Business Trading Name

PREMISES DETAILS

**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 ACCOMMODATION DETAILS

**Please select the type of Accommodation\***

Hotel/Motel

Holiday Camp

Hostel

Student Dormitory

Rooming House

Residential Accommodation (i.e. employee accommodation)

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:**

**Prescribed Accommodation Premises Floor Plans**

SUPPORTING DOCUMENTS YOU NEED TO PROVIDE WITH THIS APPLICATION

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.

FEES

**Plan Assessment Fees**

$299.00

Fee: 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 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.*

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

LODGEMENT

**Wyndham City Council** Ph:03 9742 0777

PO Box 197 Fax: 03 9742 6355

WERRIBEE VIC 3030 Email:[mail@wyndham.vic.gov.au](mailto:mail@wyndham.vic.gov.au)

Website:[Wyndham City Council Website](http://www.wyndham.vic.gov.au/)

PRIVACY

Your personal information is being collected by Wyndham City Council under the laws administrated by Local Government.   Your information will be stored in Council’s Customer Database and used to deliver Council services to you in accordance with Council’s Privacy Policy.  For further information on how your personal information is handled, visit Council’s Privacy Policy at <http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy>