



# Plans Submission for Prescribed Accommodation Premises

**All correspondence to:**  
 PO Box 94  
 Greensborough VIC 3088  
 T (03) 9490 4222  
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 ABN 16 456 814 549

**Customer Service Centres:**  
**Greensborough:** Level 3, 1 Flintoff Street  
 (above Watermarc)  
**Ivanhoe:** 4 Bond Street (next to Ivanhoe Aquatic)  
**Rosanna:** Rosanna Library - 72 Turnham Avenue  
 (Only EFTPOS and credit card payments accepted)

I Hereby submit the following for *Prescribed Accommodation* under the *Public Health & Wellbeing Act 2008*:-

- Plans submission for assessment & inspection  
**Rooming House** **Fee: \$405.00** includes GST
- Plans submission for assessment & inspection  
**Prescribed Accommodation (excluding Rooming House)** **Fee: \$330.00** includes GST

### Applicant Details

<b>Name of Applicant:</b> <small>Name of person who the information or documents to be disclosed or published</small>	
<b>Postal Address:</b> <small>Where the report will be sent</small>	

### Proposed Proprietor details

<b>Proposed Proprietor:</b>	
<b>Premises Address:</b>	
<b>Description of premises</b> <small>For a definition on each category please refer to the Act</small>	Tick appropriate <input type="checkbox"/> <b>Rooming House</b> <input type="checkbox"/> Holiday Camps <input type="checkbox"/> Hotel or motel <input type="checkbox"/> Residential Accommodation <input type="checkbox"/> Student dormitories
<b>Contact Person:</b>	<b>Tel:</b>
<b>Mobile:</b>	<b>Email:</b>

### Checklist of information required with your application:

1. <b>Two (2) copies of the proposed plans enclosed.</b>	<input type="checkbox"/>
2. <b>Plans drawn to scale (of not less than 1:100) and showing the use of each room.</b>	<input type="checkbox"/>
3. <b>The dimension of each room, including the proposed number of beds are shown.</b>	<input type="checkbox"/>
4. <b>The location and number of bathroom(s), detailing the number of toilet(s), bath(s) or shower(s) and wash basin(s). All of these facilities must be provided with a continuous supply of potable hot and cold water.</b>	<input type="checkbox"/>
5. <b>Details confirming hot and cold water is available to the laundry.</b>	<input type="checkbox"/>
6. <b>Details of the number of vermin-proof waste receptacles and the frequency of being cleaned and emptied.</b>	<input type="checkbox"/>
7. <b>Confirmation that the waste water is discharged to reticulated sewerage system or waste water treatment system (permitted under the Environment Protection Agency).</b>	<input type="checkbox"/>
8. <b>A copy of the Building permit, permissible for a prescribed accommodation premises.</b>	<input type="checkbox"/>
<b>Applicant Signature:</b> <small>By signing this, you acknowledge that you have read the Privacy Collection Notice*</small>	<b>Date:</b>

#### \*\*Privacy Collection Notice

The collection and handling of personal information will be conducted in accordance with Banyule City Council's Privacy Policy which is displayed on Council's website or is available for inspection at Council's customer service centres.

This information is being collected by the Health Services Team for the purpose of registering your business to operate as a Public Health & Wellbeing premises. You can contact us on 9457 9965 or via [healthenquiries@banyule.vic.gov.au](mailto:healthenquiries@banyule.vic.gov.au). Information collected from you is required for the delivery of Council services in accordance with Council's powers, functions and purposes under the *Public Health and Wellbeing Act 2008*. Should you need to change or access your personal details, please contact us.

#### OFFICE USE ONLY

<b>Registration No: 51.</b>	<b>Area:</b>	<b>Code.T721</b>	<b>A/C: 41070.0021.7006</b>
<small>Health Services</small>	<small>CD14140 Prescribed Accommodation Plan Submission form</small>	<small>Last Amended: 1 July 2019</small>	<small>Page 1 of 2</small>

