

CERTIFICATE OF SUITABILITY FOR TEMPORARY OCCUPATION

Regulation 39

To: *Owner*
 Address
 Suburb/postcode

Form **45**

Details of existing building:

Address: Existing use:

Type of building: Proposed temporary use of building:

Building Surveyor details:

Name: Category:
Address: Phone No:
 Fax No:
Accreditation No: Email address:

Certificate details:

In considering this certificate the following documents and matters were taken into account -

| <i>Document description:</i> | <i>Prepared by:</i> |
|------------------------------|---------------------|
| | |

Number of persons for which exits are provided: Number of persons for which female toilets are provided:
Number of persons for which male toilets are provided: Number of accessible toilets:
Period for which temporary occupancy sought: From: To:

This certificate is provided subject to the following conditions -

| <i>Conditions:</i> | <i>Origin:</i> |
|--------------------|------------------|
| | |

I certify that after assessment of the documents and inspection of this existing building, I am satisfied that the building is suitable for temporary occupation for the proposed temporary use.

Building Surveyor: *Signed:* *Date:* *Certificate No.*