



HEALTH ACT 1911 (as amended)

HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

APPLICATION FOR CERTIFICATE OF APPROVAL

Form 2

I, being the owner/agent, hereby apply for a Certificate of Approval in respect of:

PREMISES DETAILS

NAME OF: _____

LOCATION NO. _____ STREET: _____

TOWN/SUBURB: _____

NEAREST CROSS STREET: _____

Construction / ~~extension~~ / ~~alteration~~ of which was completed on _____

in accordance with your approval given on _____

SIGNED: _____

OWNER/AGENT: _____

ADDRESS: _____

TELEPHONE: _____

FACSIMILE: _____