

Application for Approval to Construct or Alter a Food Business

Address of Premises: Shop no. Street name Postal Address: Phone: Fax: Section 2. Address of Food Business Address of Premises: Shop no. Street name Suburb Postal Address: Phone: Fax: En Section 3. Details of Alterations (Complete this section only alterations to an existing food business) i) Please provide details of alterations Will the food business be operating during the period of the propo	Application for approval for: (Please tick relevant box) The design and fit out of a new fixed food premises or mobile vehicle Alterations to an existing fixed food premises or mobile vehicle			
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If "yes, please provide further details on the use of any temporary measures and how the				
iii) Is the business changing the type, activity, processing method base? Yes No If yes, please provide further details AND please complete separa Registration of Food Business as the risk of the your food business	ate Application for Notification/			



Two copies of the following plans and documentations will be required for each application.			
Plans must be to scale as indicated, neat and give an accurate representation of your			
premises. Plans maybe submitted in A3 hard copy or electronically on CD:			
Site Plan - (drawn to scale of not less than 1:100) - site location - waste storage and disposal facilities - car parking, delivery docks and loading areas - toilet facilities including customer and staff toilet and change room facilities with staff numbers			
Floor Plan - (drawn to scale of not less than 1:100) - position and details of all equipment, fixtures and fittings - detail length, depth and width - use of every room/ area including office, cashiers, dry storage, chemicals storage, cooking area, servery, display area, preparation, wash up areas, cold and frozen storage - number of seating provided for diners including estimated number of patrons - plans of cool rooms and freezer rooms - the type of materials used and schedule of finishes for all walls, floors, ceilings, benches, shelves and any other surfaces - lighting - windows, service counters and door openings - alfresco and outdoor dining areas			
 Sectional Elevations - (drawn to scale of not less than 1:50) indicate the dimensions of structures, benches, floor clearances, equipment and fixtures, including fixtures, fittings and equipment within cool rooms/freezer rooms details of the installation of fixtures and fittings Hydraulic Plans - (drawn to scale of not less than 1:50) 			
- plumbing and drainage plans of fresh water and waste water services, grease traps, floor wastes, cleaners sink, industrial floor waste			
 Mechanical Ventilation Plans - (drawn to scale of not less than 1:50) submit plans of the proposed mechanical ventilation system and certification to demonstrate that the mechanical exhaust ventilation system is designed, fitted and operates to AS 1668.2 locations and details of any air conditioners, compressors and condensers 			
 Transport Vehicle Plan - (drawn to scale of not less than 1:50) details of all equipment, fixtures and fittings and type of materials used 			
Potable Water Supply			
 provide copy of Laboratory Certificate to demonstrate that potable water supply from rainwater tank or bore water complies with NHMRC Australian Drinking Water Guidelines 2011 			
Note: If any facilities are shared or detached, please provide written confirmation from owner of property showing area or number of facilities allowed and distance to facilities (e.g. toilets, waste storage and dining areas in food court).			
An Approval to Construct does not allow the commencement of the operation of the food business, unless a final inspection has been conducted by Council Environmental Health Officer and that the business is provided with a Verification of Notification or Certificate of Registration under the Food Act 2008. Fees applicable for assessment and approval of plans and specifications include two site inspections if required. Further inspection fees are applicable for additional visits prior to approval. See Fees Schedule.			
Declaration: I, (name of the proprietor) making this application declare that the information contained in this application is true and correct in every particular on behalf of (organisation name of food business).			
Signature of applicant: Date:			



OFFICE USE	
Health Application Number	er:
CS/CA Officer:	
Application Fee (all fees a	pplicable as indicated below)
Note: Fee Increases may ap	ply 1 July each financial year
Application Fee	\$250
Additional Inspection	\$115