

HEALTH ACT 1911**FORM 3****APPLICATION FOR VARIATION OF CERTIFICATE OF APPROVAL**

I, being the owner/Agent apply for a variation of Certificate of Approval in respect to:

PREMISES DETAILS

Name of Premises: _____

Street No: _____ Street: _____

Suburb: _____ Nearest Cross Street: _____

The reason for this variation from the existing Certificate of Approval is:

In Support of the application, I tender the following details as required:

Signed: _____ Owner/Agent: _____

Address: _____

Telephone: _____ Fax: _____

OFFICE USE

Health Application Number: _____

CS/CA Officer: _____

Public Building Application Fees (all fees applicable as indicated below):

Note: Fee Increases may apply 1 July each financial year

Application to Vary the Certificate of Approval \$100