

HEALTH ACT 1911
FORM 2

**HEALTH (Public Buildings) REGULATIONS 1992
APPLICATION FOR CERTIFICATE OF APPROVAL**

I, being the Owner/Agent hereby apply for a Certificate of Approval in respect of:

DETAILS OF PREMISES:

Name of Premises: _____

Lot No: _____ Street No: _____ Street: _____

Suburb: _____ Nearest Cross Street: _____

Construction/extension/alteration of which was completed

On _____ in accordance with your approval given on _____

Date: _____ Signed: _____ Owner/Agent: _____

Address: _____

_____ Post Code: _____

Phone: _____ Fax: _____

OFFICE USE

Health Application Number: _____

CS/CA Officer: _____

There are currently no fees relating to this application, please refer to the Application to Construct, Alter or Extend a Public Building.