

**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                      \$115