

CERTIFICATE OF APPROVAL APPLICATION

FORM 2 | (Reg. 5)

HEALTH ACT 1911

HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

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

PREMISES DETAILS		
NAME OF:		
STREET ADDRESS:		
TOWN/SUBURB:	STATE:	POSTCODE:
NEAREST CROSS STREET:		

Construction, extension, or alteration of the building was complete on:	
Which is in accordance with approval dated:	

APPLICATION ACKNOWLEDGEMENT	
Any of the following may sign this application The owner, occupier, manager, trustee, or other person by whose authority such public building is intended to be constructed, extended or altered.	
OWNER/AGENT:	
RESIDENTIAL ADDRESS:	
POSTAL ADDRESS:	
PHONE NUMBER:	MOBILE NUMBER:
EMAIL ADDRESS:	
SIGNATURE:	DATE: