

**Form 2**

(Reg 5)

*HEALTH ACT 1911*

***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:

**PREMISES DETAILS**

Name of \_\_\_\_\_

Location No. \_\_\_\_\_ Street \_\_\_\_\_

Suburb \_\_\_\_\_

Nearest cross street \_\_\_\_\_

Construction / extension / alteration of which was completed on \_\_\_\_\_

in accordance with your approval given on \_\_\_\_\_

SIGNED : \_\_\_\_\_

OWNER / AGENT : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TELEPHONE : \_\_\_\_\_

FAX : \_\_\_\_\_