

**HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911
FORM 2
HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992
APPLICATION FOR CERTIFICATE OF APPROVAL**

*** Please allow 10 business days processing time**

FEES: – To be paid upon application.

NOTE: FEE INCREASE MAY APPLY 1 JULY EACH FINANCIAL YEAR.

Application Fee: \$143.50 (No GST) (fee type 312)

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 US ONLY:

Environmental Health Officer: _____

Date: _____

Register No.: _____

APPROVED/REFUSED