

**HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911  
FORM 3  
APPLICATION FOR VARIATION OF CERTIFICATE OF APPROVAL**

\* Please allow 10 business days processing time

**FEES:** - to be submitted with application

**NOTE:** Fee Increases may apply on 1 July each financial year.

Application fee:       **\$325 (no GST) (fee type 313)**  
Inspection fee:       **\$143.50 (no GST) (fee type 312)**

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: \_\_\_\_\_

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**OFFICE USE ONLY:**

EHO: \_\_\_\_\_ Date: \_\_\_\_\_

Register No.: \_\_\_\_\_ APPROVED/REFUSED