

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

TOWN/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: