

**FORM 2**

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 \_\_\_\_\_