

FORM 2

Health (Miscellaneous Provisions) 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:

PREMISE 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: _____