

**APPLICATION FOR CERTIFICATE OF APPROVAL
FORM 2 [REG.5] HEALTH ACT 1911 HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992**

I being the owner/agent hereby apply for a Certificate of Approval in respect of:

PREMISES DETAILS

NAME OF _____

LOT NO _____ STREET NO _____

STREET _____

TOWN/SUBURB _____

NEAREST CROSS STREET _____

INTENTIONS FOR USE

Construction/extension/alteration of which was completed on _____

in accordance with your approval given on _____

SIGNED: _____

OWNER/AGENT: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____