

FORM 2

[Reg. 5]

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:

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: _____

Email: _____

Date: _____

CITY OF BELMONT

215 Wright Street Cloverdale 6105

(Locked Bag 379 Cloverdale 6985)

Ph (08) 9477 7222 / Fx Admin (08) 9478 1473

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