

**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: \_\_\_\_\_