Application For Certificate of Approval

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: _____

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