

Form 2

Application for Certificate of Approval

Health (Public Buildings) Regulations 1992 (Form 2)

ABN 21 086 180 442

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

Business Details

Name of Premises:

Property Address:

Suburb:

Postcode:

Phone:

Mobile:

Email:

Construction/extension/alteration of which was completed on:

In accordance with your approval given on:

Owner/Agent:

Postal Address:

Suburb:

Postcode:

Phone:

Mobile:

Email:

Applicant's Signature

Date

Lodging this form:

In Person: City of Swan Administration Centre, 2 Midland Square, Midland

By Mail: PO Box 196, Midland WA 6936

By Email: swan@swan.wa.gov.au