

SCHEDULE 2

FORM 2

(Reg.5)
 HEALTH 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:

BUSINESS DETAILS

Name of Premises:	
Property Address:	
Suburb:	Post Code:
Phone:	Fax No:
Mobile:	email
Construction / extension / alteration of which was completed on:	
In accordance with your approval given on:	

Owner/Agent:	
Postal Address:	
Suburb:	Post Code:
Phone:	Fax No:
SIGNATURE: X	DATE: