



CITY OF SWAN
APPLICATION FOR APPROVAL TO ESTABLISH
A LODGING HOUSE

To: Chief Executive Officer
City of Swan
PO Box 196
MIDLAND WA 6936

Attention: Health Services

APPLICANT DETAILS

Applicant's Name	
Postal Address:	
Suburb:	Post Code:
Daytime Phone:	Fax No:
Mobile:	Email:

DETAILS OF PREMISES

Proposed name of Premises:	
Address of Premises:	
Phone:	Fax No:
Mobile:	Email
Maximum number of Lodgers::	

Further information to be submitted

<p>A scaled floor plan of the lodging house is to be submitted with this application including:</p> <ol style="list-style-type: none"> 1. Use of every room; 2. Structural finishes of all walls, floors and ceilings in the sanitary conveniences; 3. Location of fire protection equipment.
<p>Applicant's Signature: X Date</p>

FEES

Fee Payable - \$336.00

NB: Construction and fitting out cannot commence until payment of the application fee and receipt of conditions of approvals from Council's Environmental Health Service.

PAY IN PERSON

At City of Swan Council Office, cnr Morrison Rd & Great Northern Hwy during hours 8:30am to 4:30pm Monday to Friday.

PAY BY MAIL

Send completed renewal form together with your cheque or money order; or if paying by credit card complete the section provided on the right and send to Council's office at above address

PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD			
Name as shown on Card			
Card Holder Address			
..... Signature			
<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa Card	
Amount \$ _____		Expiry Date ____/____	
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Description of Lodging-House

Number of storeys

Total Floor Area

<u>Rooms for private use</u>	Number	Area
Laundries/toilets/bathrooms
Bedrooms
Dining Rooms
Kitchens
Sitting Rooms
Other (specify)

<u>Rooms for lodgers</u>	Number	Area
Bedrooms
Dining Rooms
Kitchens
Sitting Rooms
Other (specify)
Maximum number of Lodgers	

Sanitary Conveniences for male lodgers

Toilets	.....
Urinals	.....
Baths	.....
Showers	.....
Wash hand basins	.....

Sanitary Conveniences for female lodgers

Toilets	.....
Baths	.....
Showers	.....
Wash hand basins	.....

Laundry Facilities

Washtroughs	.....
Washing machines	.....
Drying cabinets or clothes line	.....

Additional details (delete if not applicable)

- (a) Lodger's meals will be provided by the **manager / keeper / lodger**.
- (b) The keeper **will / will not** reside continuously on the premises
- (c) Name and occupation of proposed manager if keeper resides elsewhere:-
.....
- (d) There will be family members residing on the premises with the keeper/manager.