

Application Form

FORM 2 – Certificate of Approval

For the purpose of applying in conjunction with section 178 of the Health (Miscellaneous Provisions) Act 1911 and the Health (Public Buildings) Regulations 1992.

Applicant Details			
Name of applicant			
Phone number			
E-mail			
Postal Address			
	Suburb		Postcode

Premises Details			
Premise name			
Premise address			
	Suburb		Postcode
Nearest cross street			
Construction / extension / alteration of which was completed on	(insert date)	In accordance with your approval given on	(insert date)
<i>Note: these details are applicable when using existing public buildings only and not when using public open space or parks</i>			

Declaration			
<input type="checkbox"/>	I declare as the Applicant, all the information supplied on this form is true and correct.		
<input type="checkbox"/>	I have submitted this form at least 14 working days prior to the event.		
Full name			
Signature		Date	

Note: fees and charges may apply

