



APPENDIX 8

Application for Certificate of Approval (Form 2)

Health (Miscellaneous Provisions) Act 1911 – Health (Public Buildings) Regulations 1992

I being the owner / agent hereby apply for a certificate of approval in respect of:

| Premises Details | |
|---|------------------------|
| Name of Premises: _____ | |
| Address: | Street: _____ |
| Suburb / Town: _____ | Postcode: _____ |
| Nearest Cross Street: _____ | |
| Construction / extension / alteration of which was completed on: _____ (insert date) | |
| Note: these details are applicable when using existing public buildings only and not when using public open space or parks. | |
| in accordance with your approval given on: _____ (insert date) | |
| Name: _____ | |
| Address: _____ | |
| Email Address: _____ | |
| Contact Number: _____ | |
| Signature: _____ | Date: _____ |