



FORM 2

Reg. 5

*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:

Location No:

Street:

Town / Suburb:

Nearest Cross Street:

Construction/extension / alteration of which was completed on:

In accord with your approval given on:

SIGNED:

OWNER / AGENT:

ADDRESS:

TELEPHONE:

FAX:

EMAIL: