

**APPLICATION FOR CERTIFICATE OF APPROVAL
- for a PUBLIC BUILDING**



**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:

The City of Rockingham is collecting your personal information to process an application for Public Building Approval under the Health (Public Building) Regulations 1992. It may also be used for secondary purposes which would be reasonably expected.
We may share this information with other government agencies in order to assess the application. If you choose to not provide your personal information, we may not be able to process the application.
To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.