



CITY OF SUBIACO
FORM 2
HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911

HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

APPLICATION FOR CERTIFICATE OF APPROVAL

I, being the owner / agent hereby apply for a Certificate of Approval in respect of:

PREMISES DETAILS

NAME OF PREMISES

LOCATION NO STREET

TOWN/SUBURB

NEAREST CROSS STREET

Construction / extension / alteration of which was completed on.....

in accordance with your approval given on

SIGNED:

OWNER/AGENT:

ADDRESS:.....

TELEPHONE:

FAX:

DATE