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| **APPLICATION FOR PUBLIC BUILDING** **(CERTIFICATE OF APPROVAL)** |

**FORM 2 (Reg 5) Health (Public Buildings) Regulations 1992**

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

**Business Details:**

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| Name of Premises: |
| Location of Building: |
| Postal Address:(if different to above)  |
| Phone: Mobile:  |
| Email: |
| Construction / extension / alteration of which was completed on: |
| In accordance with your approval given on: |

|  |
| --- |
| Owner/Agent: |
| Postal Address: |
| Phone: Mobile:  |
| Email: |
| SIGNATURE: X DATE: |

