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| **APPLICATION FOR PUBLIC BUILDING** **(CONSTRUCT, EXTEND OR ALTER)** |

**FORM 1 (Reg 4) Health (Public Buildings) Regulations 1992**

*This application is made under Section l76 of the Health (Miscellaneous Provisions) Act 1911, to construct, extend or alter a public building.*

 **Applicant Details:**

Applicant’s Name:

Residential Address:

Postal Address: *(if different to above)*

Phone: Mobile:

Email Address:

 **Business Details:**

Premise Name:

Location of Public Building:

Postal Address of Public Building: *(if different to above)*

Phone: Mobile:

Email Address:

Description of building/structure:

*\*Plans and specifications of the buildings proposed to be used, modified or erected in connection with the proposed application* ***must be submitted***

- Please note all permanent structures and those temporary structures where deemed necessary, require an application for a building permit.

This application is validated on;

1. Payment of prescribed fee
2. Approval from Environmental Health Officer – please phone 9956 6600 to discuss Public Safety related matters
3. Plans and specifications submitted and approved
4. Consultation with Building Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Re requirement for a building permit

**Any of the following may sign this application:**

The owner, occupier, manager, trustee or other person by whose authority such public building is intended to be built created or converted thereto.

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| Owner/Agent: |
| Postal Address: |
| Phone: Email: |

**Declaration:**

I, the person making this application, declare that the information contained in this application is true and correct in every particular way.

**Signature of the applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*In the case of a company, the signing officer must state position in the company*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Fee**

**Low Risk $157.00 High Risk $288.00**

(Application will NOT be approved until payment has been made and plans submitted)

**OFFICE USE:
Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account: 07220803**