



TRIM Reference: _____

APPLICATION FOR PUBLIC BUILDING (CONSTRUCT, EXTEND OR ALTER)

FORM 1 [Reg. 4] Health (Public Buildings) Regulations 1992

This application is made under Section 176 of the Health (Miscellaneous Provisions) Act 1911, to construct, extend or alter a public building.

APPLICANT DETAILS

Applicant Name: _____

Residential Address: _____

Postal Address: _____ *if different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

BUSINESS DETAILS

Premise Name: _____

Location of Building: _____

Postal Address: _____ *if different to above*

ABN: _____

Phone Number: _____ Mobile Number: _____

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 of Environmental Health Officer – please phone 9956 6600 to discuss Public Safety related matters;
3. Plans and specifications submitted and approved; and
4. Consultation with Building Surveyor

Name: _____

Date: _____ RE: requirement for 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.

Owner/Agent: _____

Postal Address: _____ *if different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

DECLARATION

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

Signature: _____ Date: _____

Position in
Company: _____

In the case of a company, the signing officer must state position in the company.

APPLICATION FEE

Low Risk: \$170.00 High Risk: \$335.00

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

OFFICE USE

Date Paid: _____ Receipt Number: _____

Account No: 07220803 Officer's Initials: _____

