

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: _____

Address: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

BUSINESS DETAILS

Premise Name: _____

Location of Building: _____

Postal Address: _____

Phone Number: _____ ABN: _____

Email Address: _____

Description of Building/Structure:

Plans and specification of the building/s 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 (08) 9956 6600 to discuss any public safety related matters;
3. Plans and specifications submitted and approved; and
4. Consultation with a Building Surveyor.

Name: _____

Date: _____ RE: requirements for Building Permit

APPLICATION FEE

Low Risk \$186.00 High Risk \$366.00

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

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: _____

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.

OFFICE USE

GL Account No: 5500-100058-43310 Date Paid: _____

Receipt Number: _____ Officers Initials: _____