



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*

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:  \$160.00 High Risk:  \$320.00

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