

TRIM Reference: _____



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

Premise Name: _____

Location of Building: _____

Postal Address: _____

Phone Number: _____ ABN: _____

Email Address: _____

Construction/extension/alteration of which was completed on: _____

In accordance with your approval given on: _____

APPLICANT DETAILS

Owner/Agent: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Signature: _____ Date: _____

