



## 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      \$178.50                       High Risk      \$351.00

*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: **07220803** \_\_\_\_\_ Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Officers Initials: \_\_\_\_\_