

**FORM 2**  
**APPLICATION FOR CERTIFICATE OF APPROVAL**



**Health (Miscellaneous Provisions) Act 1911**  
**Health (Public Buildings) Regulations 1992 – Regulation 5**

I being the owner/ agent, hereby apply for a Certificate of Approval in respect of the following premises.

<b>APPLICANT DETAILS:</b>			
Applicant Name:			
Postal Address:			
Suburb:		Post Code:	
Phone:		Mobile:	
Email:			

<b>PREMISES DETAILS:</b>			
Premises Name:			
Premises Address:			
Suburb:		Post Code:	
Construction/ Extension / Alteration was completed on:			
In accordance with your approval given on:			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

**How to lodge your application:**

Email: [Records@bunbury.wa.gov.au](mailto:Records@bunbury.wa.gov.au)  
Post: PO Box 21, BUNBURY WA 6231  
In person: 4 Stephen Street, Bunbury