

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.

APPLICANT DETAILS:			
Applicant Name:			
Postal Address:			
Suburb:		Post Code:	
Phone:		Mobile:	
Email:			

PREMISES DETAILS:			
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: info@bunbury.wa.gov.au
Post: PO Box 21, BUNBURY WA 6231
In person: 4 Stephen Street, Bunbury