



Schedule 2

Form 2

[Reg. 5]

HEALTH ACT 1911
Health (Public Buildings) Regulations 1992

Application for Certificate of Approval

I being the Owner/Agent hereby apply for a Certificate of Approval in respect of:-

Premises Details

Name of _____

Organisation (if applicable) _____

Location No. _____ Street _____

Town/Suburb _____

Nearest Cross Street _____

Construction/extension/alteration of which was completed on _____ (Date)

in accordance with your approval given on _____ (Date)

Signed _____


Owner/Agent _____


Address _____


Telephone _____


Email _____

Lodging this form

 Email Scan and email to council@nedlands.wa.gov.au

 Fax Fax to 08 9273 3670

 Mail Post to
City of Nedlands
PO Box 9
NEDLANDS WA 6909

 In person Administration
71 Stirling Hwy
NEDLANDS WA
6009