



APPLICANT DETAILS

I being the owner/agent hereby apply under the Health Miscellaneous Provisions Act 1911 section 176 to construct alter or extend a public building

Name of owner/agent:

Email:

Postal address:

Phone number:

Mobile number:

PREMISES DETAILS

Name or proposed name:

Street/house number:

Lot number:

Diagram or plan number:

Street name:

Suburb:

Nearest cross street:

Intentions for use:

DECLARATION

In support of this application I hereby submit plans and detail as required together with the prescribed fee.

Any of the following may sign this notice:

The owner, occupier, manager, trustee or other person by whose authority such public building is intended to be built created or converted thereto.

I/we being the person making this application declare that the information contained in this application is true and correct in every particular.

Signature of applicant:

Date: