



Schedule 2

Form 2

[Reg. 5]

Health (Miscellaneous Provisions) 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