

# Application for Certificate of Approval— Form 2



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

**Both Form 1 and Form 2 are to be submitted if you do not have a Building Permit for the Public Building – total fee payable \$290.00**

**If you do have a Building Permit, then only Form 2 is required – fee payable \$150.00**

I being the owner/agent hereby apply for a Certificate of Approval in respect of:

## PREMISES DETAILS

Name of: \_\_\_\_\_

Location No. \_\_\_\_\_ Street \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Nearest Cross Street \_\_\_\_\_

Intentions for use \_\_\_\_\_

Construction/extension/alteration of which was completed on \_\_\_\_\_ in accordance with your approval given on \_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_\_



Owner/Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**FEES: To be paid upon submission of application - \$150.00 (Inspection)**

Address: \_\_\_\_\_

<b>Credit Card Payments</b> <small>(please note, payments by credit card incur a surcharge of 0.57% (inc GST))</small>																					
 <input type="checkbox"/>	 <input type="checkbox"/>																				
Name on Card: _____	Expiry Date: _____																				
Card Number: <table border="1" data-bbox="343 1859 1093 1915"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> \$																					
Signature: _____	Date: _____																				

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**Physical:** 23 Dundeebar Road, WANNEROO WA 6065 **Postal:** Locked Bag 1, WANNEROO WA 6946  
**Ph:** (08) 9405 5000 **Fax:** (08) 9405 5499 **Email:** health@wanneroo.wa.gov.au

*Health Services – Application Form*