

# APPLICATION FORM

## FORM 2 – CERTIFICATE OF APPROVAL

### SCHEDULE 2 (REG. 5)

For the purpose of applying in conjunction with section 178 of the *Health (Miscellaneous Provisions) Act 1911* & the *Health (Public Buildings) Regulations 1992*.

APPLICANT DETAILS			
Name of Applicant			
Phone Number			
E-mail			
Postal Address			
	Suburb		Postcode
PREMISE DETAILS			
Premise Name			
Premise Address			
	Suburb		Postcode
Nearest Cross Street			
DECLARATION			
<p>I declare as the Applicant, all the information supplied on this form is true and correct.</p> <p>I understand that the City will action this form within 15 working days.</p>			
Full Name		Date	
Signed			