

# APPLICATION FORM

## FORM 3 – VARIATION OF CERTIFICATE OF APPROVAL

### SCHEDULE 2 (REG. 9)

For the purpose of applying in conjunction with 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			
REASON FOR THIS VARIATION FROM THE EXISTING CERTIFICATE OF APPROVAL			
IN SUPPORT OF THE APPLICATION I TENDER THE FOLLOWING DETAILS AS REQUIRED			
DECLARATION			
I declare as the Applicant, all the information supplied on this form is true and correct.			
I understand that the City will action this form within 15 working days.			
Full Name		Date	
Signature			