

FORM 2

APPLICATION FOR CERTIFICATE OF APPROVAL

Health (Miscellaneous Provisions) Act 1911

Health (Public Building) Regulations 1992 (Reg. 5)



The City of Karratha is committed to working towards a paperless environment and reducing our environmental footprint, therefore we encourage you to complete and submit your application electronically.

APPLICANT DETAILS	
I being the owner/agent hereby apply for a certificate of approval in respect of:	
Name of the owner/agent:	
Postal address:	
Phone:	Mobile:
Email:	
PREMISES DETAILS	
Name of building:	
Location Number:	Street:
Town/suburb:	Nearest cross street:
Construction/extension/alteration of which was completed on:	
In accordance with your approval given on:	
AUTHORISATION	
I/we declare that all details in this form are true and correct.	
Signature:	Date: