



#### APPLICANT DETAILS

I being the owner/agent hereby apply under the Health Miscellaneous Provisions Act 1911 section 176 to construct alter or extend a public building

Name of owner/agent:

Email:

Postal address:

Phone number:

Mobile number:

#### PREMISES DETAILS

Name of building:

Street/house number:

Lot number:

Diagram or plan number:

Street name:

Suburb:

Nearest cross street:

Nearest cross street:

Construction/extension/alteration of which was completed on:

In accordance with your approval given on:

#### DECLARATION

I/we being the person making this application declare that the information contained in this application is true and correct in every particular.

Signature of applicant:

Date: