

VARIATION TO CERTIFICATE OF APPROVAL APPLICATION

FORM 3 | (Reg. 9)

HEALTH ACT 1911
HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

I, the owner or agent, hereby apply for a variation of certificate of approval in respect to:

PREMISES DETAILS		
NAME OF:		
STREET ADDRESS:		
TOWN/SUBURB:	STATE:	POSTCODE:
NEAREST CROSS STREET:		
INTENTIONS FOR USE:		
REASON FOR VARIATION FROM THE EXISTING CERTIFICATE OF APPROVAL:		
IN SUPPORT OF THE APPLICATION, I TENDER THE FOLLOWING DETAILS AS REQUIRED:		

APPLICATION ACKNOWLEDGEMENT	
OWNER/AGENT:	
ADDRESS:	
PHONE NUMBER:	MOBILE NUMBER:
EMAIL ADDRESS:	
SIGNATURE:	DATE: