

APPLICATION FOR VARIATION OF CERTIFICATE OF APPROVAL

FORM 3

HEALTH (Miscellaneous Provisions) ACT 1911
HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992



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

PREMISES DETAILS

Name of public building: _____

Address: No. _____ Street: _____

Suburb: _____ State: _____ Post code: _____

Nearest intersection: _____

Reason for variation:

In support of this application I hereby submit plans and detail as requested.

Owner/Agent Name: _____ Phone: _____

Address: _____

Email: _____

Signed: _____ Date: _____

Fee Information

Fees apply in accordance with the schedule of fees and charges on the City's [website](#).