



FORM 2

Application For A Public Building Certificate of Approval

Health Act 1911

HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

Details

Premises Name _____

Premises Location _____

Manager's Name _____

Company Name _____

Postal Address _____

Phone _____

Fax _____

Email _____

Web Address _____

Type of Entertainment Provided:

Liquor

Gaming

Other

Bands

Pool

Specify _____

Numbers and Types of Toilet Facilities:

Male WC's _____ Hand Basins _____ Urinals (Number or Metres) _____

Female WC's _____ Hand Basins _____

Disabled WC's _____ Hand Basins _____

Emergency

Evacuation Plan and Procedures in place _____

Opening Time _____ Closing Time _____

Expected Number of Patrons at any one time _____

Site Plan

Please attach site plan showing the layout of the venue and details such as (but not limited to);

- Toilets
- Entry and Exit Points
- Kitchen
- Accommodation
- Bar Areas
- Car Parking Areas
- First Aid Post/Box
- Entertainment areas/stages
- Fire equipment

and any other relevant information

Reminder – Have you attached?

- Copy of Risk Management Plan (for events with over 5000 people)
- Site plan
- Parking Management plan
- Food Stall applications
- Additional Supporting Information (such as police contact, FESA contact)
- Regulation 18 Noise Exemption Application form
- Emergency evacuation plan
- Copy of public liability insurance
- Liquor Licence approval

Application Fees

	Risk level	
	Low - Medium Risk	High Risk
Public Building	<input type="checkbox"/> \$150	<input type="checkbox"/> \$794

Signed _____

Name _____ Date _____

PAY IN PERSON

At Shire of Northam Council Office, 395 Fitzgerald Street, Northam during hours 8:30am to 4:30pm Monday to Friday.

PAY BY MAIL

Send completed form together with your cheque or money order; or if paying by credit card complete the section provided on the right and send to Shire of Northam, PO Box 613, Northam, WA 6401.

PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD

Name as shown on Card

Card Holder Address

..... Signature

Bankcard Mastercard Visa Card

Amount \$ _____ Expiry Date ____/____

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