



Office use only

Form 4A

PO Box 54, Claremont, WA 6910

**Health Act 1911
Health (Public Buildings) Regulations 1992**

**APPLICATION TO CONSTRUCT, EXTEND OR ALTER
A PUBLIC BUILDING**

I being the owner/agent hereby apply under section 176 of the Health Act to construct, alter or extend a public building.

PREMISES DETAILS:
Name:
Location Number:
Street:
Town/Suburb:
Nearest Cross Street:
Intention for Use:

Any of the following may sign this notice:

The owner, occupier, manager, trustee or other person by whose authority such Public Building is intended to be built, created or converted thereto.

Signed:		
Owner:		
Address:		
Phone:	Phone (M):	Fax:

Application is to be submitted with two sets of building plans in 1:100 or 1:200

FEES FINANCIAL YEAR 2024 -2025

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Application to vary a public building | \$90.00 (per hour of processing time) |
| <input type="checkbox"/> New Public building certificate 'low risk' | \$220.00 |
| <input type="checkbox"/> New Public building certificate 'medium risk' | \$425.00 |
| <input type="checkbox"/> New Public building certificate 'high risk' | \$630.00 |



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**Health Act 1911
Health (Public Buildings) Regulations 1992**

APPLICATION FOR CERTIFICATE OF APPROVAL

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

PREMISES DETAILS:
Name:
Location Number:
Street:
Town/Suburb:
Nearest Cross Street:
Intention for Use:
Construction/extension/alteration of which was completed on:
in accordance with your approval given on:

Signed:		
Owner/Agent:		
Address:		
Phone:	Phone (M):	Fax:

This application is to be submitted on completion of construction and after a final inspection has been undertaken by the Town of Claremont Environmental Health Officers to ensure that requirements have been met.



**Health (Miscellaneous Provisions) Act 1911
Health (Public Buildings) Regulations 1992**

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CERTIFICATE OF ELECTRICAL COMPLIANCE

I hereby certify that the electric light and/or power – installation, alteration, addition- at the undermentioned premises has been carried out in accordance with Part 4 of the Health (Public Buildings) Regulations 1992.

CONTRACTOR'S DETAILS

Business Name: _____ Registration Number: _____

Address: _____

Signature of Licensed Electrical Contractor: _____

Telephone number: _____

Date: _____

PREMISES DETAILS:

Name of Occupier: _____

Details of Building: _____

Business name: _____

Location Number: _____

Street: _____

Town/Suburb: _____

Particulars of Installation: _____

Is there any electrical work for which you are not responsible in these premises?

Details of works: _____

Construction/extension/alteration of which was completed on: _____

In accordance with your approval given on: _____

Property owner: _____

Address: _____