

# Application for Certificate of Approval

Form 2 ENH-002



*Health (Miscellaneous Provisions) Act 1911*  
*Health (Public Buildings) Regulations 1992 (Reg. 5)*

I being the owner/agent hereby apply for a Certificate of Approval in respect of:

PREMISES DETAILS	
<b>Name</b>	
<b>Location / Suburb</b>	
<b>Nearest cross street</b>	
<b>Intentions for use</b>	
<b>Construction/extension/alteration of which was completed on:</b>	
<b>In accordance with your approval given on:</b>	
<b>Signed</b>	
<b>Owner/agent</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Date</b>	

To submit your application please email this form with plans and supporting documents to [Events@esperance.wa.gov.au](mailto:Events@esperance.wa.gov.au).