



Application for Approval of Plans for a Health Related Premises

Please allow 10 working days for your **completed** application form to be processed.

Details Section:

Applicant's Name: _____

Postal Address: _____

Tel No: _____ Mobile: _____ ABN: _____

Email Address: _____

Name of Proposed Business: _____

Address of Premises: _____

Applicants Involvement: Proprietor Builder Architect Other (please specify) _____

Proprietor's Name: _____ Contact: _____

Type of Premises:

(Application fees apply unless otherwise specified)

Food Premises Residential Kitchen (Fees as per standard Health Related Premises)

Food Premises Non-residential Hairdresser

Skin Penetration Establishment

Other (please specify) _____

Signature of Applicant: _____ Date: _____

(In the case of a company, the signing officer must state their position in the company)

YOUR COMPLETED APPLICATION FORM CONSISTS OF:

Completed form

Application fee

Layout plan to scale – 1:200 (floor), 1:50 (detail eg: equipment where necessary)

Please note: Planning and Building approval may be required, please contact 9550 3777

How to Pay:

An invoice will be issued once application has been received.

Please return completed form to:

Health Services City of Mandurah PO Box 210 MANDURAH WA 6210	Phone: 9550 3746 (Health Services) Facsimile: 9550 3888 Customer Services: 9550 3777 Email: health@mandurah.wa.gov.au Office Location: 3 Peel Street, Mandurah
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