



- Application for the Approval of Plans of a Health Related Premises

OFFICE USE ONLY

Please fill out details clearly – we may not be able to help if you don't.
Please attach a copy of the floor plan and a description of the premises.

Applicant's Name: _____

Postal Address: _____

Tel No: _____ Mobile: _____

Fax No: _____

Address of Premises: _____

Name of Proposed Business: _____

Date of Receipt: _____
Plans Checked/Stamped: _____
Receipt No: _____
Final Inspection Conducted: _____
Entered: _____
Fee Payable: _____
Reg No: _____

PLEASE INDICATE THE INTENDED USE OF THE PREMISES

Food Premises (Summary of Food Process) Classification: _____

Hairdresser Beauty Therapist Tattooist

Electrolysis Acupuncturist Body Piercing

Caravan Park

Other

Signature of Applicant: _____ Date: _____
(in the case of a company, the signing officer must state position in the company)

FEES APPLICABLE

New Premises: \$..... includes assessment of plans, return of stamped copy of plans and up to three inspections

These fees are non-refundable. Additional fees may be charged for professional advice.

Please return completed form to:

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