



PO Box 614 Kununurra 6743
20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100
F | 9168 1798
E | mail@swek.wa.gov.au
W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

Application for Certificate of Approval

SCHEDULE 2 FORM 2 – APPLICATION FOR CERTIFICATE OF APPROVAL (CONSTRUCTION/EXTENSION/ALTERATION)
HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911
HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

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

Facility Name or Proposed Name:

Owner Details

Name				Email		
Postal Address						
Phone			A/H			Fax
Contact Person						
Signature					Date	

Property Details

Lot			House			Location	
Street				Suburb			
Nearest Intersection							
Assessment No.			Diagram / Plan No.			Folio No	
Certificate of Title Vol. No.							
Title Encumbrances (If any)							

Declaration

(Making a false statement may be an offence)

Construction/extension/alteration of which was completed on: In accordance with approval given on:

Signature of applicant/s: Date:

Signature of applicant/s:Date:

OFFICE USE ONLY

Date Received	
Fees to be Paid	
Receipt No	
General Ledger Account	1070417
EHO Approved	

Document No:	
Officer	
Response	
File	PH.12.10
License Issued	