Form 1
Health (Miscellaneous Provisions) Act 1911

City of Kwinana

APPLICATION TO CONSTRUCT, EXTEND OR ALTER A PUBLIC BUILDING

* Please allow 10 business days processing time
For applications received between 3-10 business days before the approval is required, an expedited service fee will apply. Charitable and community organisations are not exempt from this fee.

FEES: – To be paid with application.
NOTE: FEE INCREASE MAY APPLY FROM 1 JULY EACH FINANCIAL YEAR.

Application Fee (Fixed):   **$438 (no GST)** (fee type 162)
(Fee waived where building application is lodged)
Application Fee (Markets and Events):   **$312 (no GST)** (fee type 140)
(No charge for charitable, not for profit & community groups, if submitted at least 10 days prior to the event)
Expedited Service Fee: **$156 (no GST)** (fee type 158)

Do you require approval to construct, extend or alter a public building within 10 business days?

Yes/ No   *If yes, the expedited service fee will apply.

> I being the owner/agent hereby apply under Section 176 of the *Health (Miscellaneous Provisions) Act 1911* to construct, extend of alter a Public Building.

DETAILS OF PREMISES:

Name of Building/Event: _____

Location: Street Number: _____ Street: _____

Town/Suburb: _____

Nearest cross street: _____

Intentions for use: _____

> In support of this application, I hereby submit plans and details, as required, together with the associated fees.

Please tick the relevant box:

☐   A static public building (e.g. hall, activity room, church)
The application must be accompanied by floor plans (to scale) of the building.

☐   A temporary public building (e.g. public event)

The application must be accompanied by a site plan.
* Applications will not be approved if submitted 0-2 days from the event

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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.

Owner/Agent: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____