

# Application for Plan Assessment Prescribed Accommodation Premises



Public Health and Wellbeing Act 2008

Applicant's name:				
Applicant's address:				
	Suburb:		Postcode:	
Applicant's phone number:				
Applicant's email address:				
How would you like to receive the plan assessment report?	<input type="checkbox"/> Post <input type="checkbox"/> Email			
Name of proposed proprietor: (if different to applicant)				
	Suburb:		Postcode:	
Proposed premises address:				
	Suburb:		Postcode:	
Proposed use of premises:				
Number of rooms:				
Maximum number of people to be accommodated:				

This form is to be accompanied by 1 copy of a detailed plan showing:

- The layout of your premises;
- The proposed use of each room;
- The maximum number of persons that will be residing in each room;
- The dimensions of each bedroom in metres.

An establishment fee and registration fee will be due and payable at the time of registration.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_