

Application for Plan Assessment Prescribed Accommodation Premises



Public Health and Wellbeing Act 2008

Applicant Details

Name: _____
Address: _____
Suburb: _____ Postcode: _____
Email address: _____ Phone number: _____
How would you like to receive the plan assessment report? Email Post

Proprietor Details - Applicant is same as proprietor

Only complete details below if proprietor is different to applicant

Name: _____
Address: _____
Suburb: _____ Postcode: _____
Email address: _____ Phone number: _____

Proposed Premises Details

Trading name: _____
Address: _____
Suburb: _____ Postcode: _____
Use of premises:
Eg Rooming House, Bed & Breakfast etc _____
Number of rooms: _____ Maximum number of people
to be accommodated: _____

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

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

The above attachments must be provided in order for the assessment to be completed.

An Environmental Health Officer will review your application and attachments and provide a response within 5-10 business days from the date of receipt within the Health Services unit.

An establishment fee and registration fee will be due and payable at the time of registration. For a list of our fees, please visit our website at www.knox.vic.gov.au.

Applicant signature: _____ **Name:** _____
Date: _____