

Application for Plan Assessment Health 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: _____ Seating capacity: _____
Eg beauty therapy, piercing, tattooing (if applicable)

This form is to be accompanied by:

- 1 copy of a detailed floor plan showing all areas of the premises. Please ensure you include the dimension of both the space and all fixtures contained within.
- A schedule of finishes. This is a written document that describes the finishes of all surfaces including the floor, ceiling, walls, benches, cabinetry etc.

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: _____