Application for Plans Assessment – Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008
Public Health and Wellbeing (Prescribed Accommodation) Regulations 2020

Applicant Details

Name/Company: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ Phone Number: _____

Proprietor/Operator Details - Applicant is the same as the proprietor/operator ☐

The proprietor/operator must be the person or company that holds the rooming house operator license and is responsible for operating the rooming

Only complete details below if proprietor/operator is different to applicant

Name/Company: _____

Address: _____

Suburb: _____Postcode: _____

Email: _____Phone Number:_____

Proposed Premises Details

Trading Name (optional):_____

Address: _____

Suburb: _____Postcode: _____

Use of Premises (e.g. Rooming House, Hotel etc):_____

Number of Rooms:_____ Maximum occupancy: _____

Required documents

Please attach the following documents to your application:

☐ Detailed floor plan showing the layout of the premises with the dimension of each room.

☐ Occupancy permit confirming the building meets relevant requirement

☐ Proprietor's rooming house operator license issued by Consumer Affairs Victoria (CAV)

The above attachments must be provided 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**.

Name:

Signature:

Date:

Please return completed form and required attachments to health.services@knox.vic.gov.au