



SUBMITTING PLANS FOR A HEALTH OR PRESCRIBED ACCOMMODATION PREMISES

Public Health and Wellbeing Act 2008

Office Use Only
Records Department

File No:

Document No:

Please use this form to apply to Buloke Shire Council for approval of plans (renovations, redevelopments etc) for your food or health related premise. Please note you do not have approval to proceed with plans until Buloke Shire Council has approved the plans.

To help with completion of the form please have handy details of the type of works that you are intending to conduct including description, cost of works, completion dates. This form will take approximately 10 minutes to complete.

This form has been created to allow you to type information into the form. If you want a form to fill in by hand, please print the form and fill in clearly.

Please note: This form is not an application for registration of premises under the Public Health and Wellbeing Act 2008.

BUSINESS TYPE

Please select the type of business:

Health Premises

Prescribed Accommodation

e.g Tattooing, hairdressing

e.g Hotel, bed and breakfast, rooming house

HEALTH PREMISES DETAILS

Please choose the business activity that your business conducts (Please select all that apply):

Beauty Therapy

Hairdressing

Colonic Irrigation

Skin Penetration

Tattooing

Is the business a Mobile Health Premises? Yes No

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business

PRESCRIBED ACCOMMODATION DETAILS

Please choose the business activity that your business conducts

Residential Accommodation

Hotel / Motel

Hostel

Student Dormitory

Holiday Camps

Rooming House

Maximum Number of Guests Accommodated: _____

Number of Rooms: _____

Note: If you provide Rooming House accommodation for three or less people you do not need to proceed with this application. If you provide any other types of prescribed accommodation for five or less people you do not need to proceed with this application.

PREMISES DETAILS

Current Trading Name:

Unit No. Street No. Street Name:

Town:

Postcode:

Primary Language Spoken at the Premises: (to assist with communication in the future)

CONTACT FOR THIS APPLICATION

Title: _____ First Name: _____ Last Name: _____ Company Name: _____

Preferred Mailing Address:

Unit No. _____ Street No. _____ Street Name: _____ Town: _____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

PROPRIETOR DETAILS

Is this current proprietor(s) an individual or company? Individual Company/Organisation

Same as the contact of this application

Title: _____ First Name: _____ Last Name: _____ Company Name: _____

Trading Name: _____ ABN / ACN _____

Trading Name and ABN / ACN fields are only applicable if applicant is representing a company or organisation

Address

Unit No. _____ Street No. _____ Street Name: _____ Town: _____ Postcode: _____

If the preferred mailing address is different from the address listed above, please enter below:

Unit No. _____ Street No. _____ Street Name: _____ Town: _____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

WHAT KIND OF PLANS?

Please indicate the kind of works you plan to undertake:

Constructing new premises _____

Altering existing premises _____

Fitting out existing premises _____

Proposed Opening Date: _____ Total Cost of Works: _____ Total Floor Area (m²): _____

Health Premises Floor Plans

Plan drawn to a scale of not less than 1 to 100 which: a) shows every part of the premises including yards and outbuildings. b) indicates the specific work processes to be carried out in each room, compartment or part of the establishment including the use to which any outbuildings will be put. c) shows the location and type of all fixtures, equipment, furniture, shelving, benches etc. d) shows the room or enclosure to be provided for the storage of cleaning equipment and materials and the clothing, footwear and personal effects of employees. e) shows the area outside the establishment to be set aside for the temporary storage of refuse and indicates the size of bins and method of rubbish disposal.

Quantity required by Council is: 2

Health Premises Specifications

Specifications describing the type of materials to be used in the construction and finishing of all floors, walls, ceilings, partitions, benches, shelving, fittings, cupboards and all fixtures and equipment.

Quantity required by Council is: 2

FEES

The fee depends upon the type of health related business. Contact Council to confirm the fees

How to pay:

By Cash or Cheque - At Buloke Shire Council Wycheproof Office

By Cheque - Via post to Buloke Shire Council, PO Box 1 WYCHEPROOF 3527

ACKNOWLEDGMENT

Apply now - deliver your application (including form, any required supporting information and necessary payment) to the Buloke Shire Council IMMEDIATELY. You are required to accept the following terms and conditions.

I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge. This application forms a legal document and penalties exist for providing false or misleading information. I am over 18 years at the time of completing this application.

By ticking this checkbox i confirm that I have read and understood all of the statements above

Full name of person completing this application:

Signature of person completing this application:

Date:


PRIVACY

We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally we may use your details for our own research purposes or to let you know about other council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in future please call (03) 5478 0100.

LODGEMENT

Note: You are required to sign this form.

Print form - lodge your application (including form, any required supporting information and necessary payment)

 **Mail:** Buloke Shire Council
PO Box 1,
Wycheproof Vic 3527



In Person:
Wycheproof - 367 Broadway, Wycheproof

Telephone: (03) 5478 0100
Fax: (03) 5493 7395
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