

THE HEALTH SERVICES (BUILDING) REGULATIONS, 1969

**** A copy of this form must be submitted with each application, and must be accompanied by a sets of drawings to a scale not less than 1 : 100mm (1/8" = 1'.0") of the proposed construction and including details of sewage disposal and drainage.**

TO THE MINISTER OF HEALTH:

I/WE HEREBY make application for permission to construct/alter a building as described hereunder and subject to your approval

SIGNED:

NAME AND ADDRESS OF APPLICANT:

(State whether Mr. Miss or Mrs.)

TELEPHONE NUMBER:

NAME AND ADDRESS OF AGENT:

(State whether Mr. Miss. or Mrs.)

TELEPHONE NUMBER:

N.B. PLANS MUST ACCOMPANY THIS APPLICATION **

1. Describe briefly the proposed development, including the purpose for which the land and/or buildings are to be used:

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2. Address or location of site to be developed:

3. Email Address

(a) Applicant's Email Address:

(b) Agent's Email Address:

4. CLASSIFICATION OF BUILDING

(a) **Residential** - No. of Bedrooms:

(b) **Commercial** -

Nature of Business:

No. of Staff: Male: Female:

No. of Patrons: Male: Female:

(c) **Industrial** -

Type of Operation:

Type of Process:

(including raw materials used)

No. of Staff (Administration): Male: Female:

No. of Staff (Operations): Male: Female:

5. Method of Sewage Treatment/Disposal

Suckwell [] Septic Tank [] Filter Bed [] Public Sewer [] Wastewater Treatment Plant []

Other (specify):

6. DAMP PROOFING State method to be employed:	7. State method of storm water drainage:
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8. Proposed water supply:

9. TYPE OF BUILDING MATERIALS (a) Walls	(b) Roof Covering	(c) Roof Supports
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10. Method of Refuse Storage and Disposal:

11. If for Industrial use state: (a) Brief description of treatment of industrial waste:	(b) Means of disposal of trade effluents:	(c) Means of disposal of trade waste and refuse:
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FOR OFFICIAL USE ONLY **APPROVAL**

This is to certify that the plans submitted for the proposed building/alterations are satisfactory.

Conditions:-

1.
2.
3.
4.

REFUSAL

Reasons:-

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DATE: SIGNED:
For **MINISTER OF HEALTH**