



**PERSONAL APPEARANCE BUSINESSES (HEALTH PREMISES) FIT-OUT INSPECTION REQUEST FORM**

The purpose of this inspection is to determine compliance with the Local Government (General) Regulation 2005 and Public Health Regulation 2022 and relevant Development Consent associated with the Premises.

In order to carry out the inspection, it is required that the premises fit-out is complete.

Payment of the fit-out Inspection is required prior to the inspection being carried out. Council's Environmental Health Officer will contact the person requesting the inspection to confirm the inspection booking once the payment for such has been processed. Allow at least 3 working days from lodgement to Date Inspection required.

Address of premises to be inspected:	
Development Consent / Complying Development Certificate number:	
Name of person requesting inspection:	
Contact telephone number of person requesting inspection:	
Date inspection required:	
Time inspection required:	
Site contact person's name:	
Site contact person's phone number:	
Person / entity responsible for payment of inspection fee:	
Billing address for entity responsible for payment of inspection fee:	
ABN of entity responsible for payment of inspection fee:	

**ADDITIONAL INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be advised a Willoughby City Council Personal Appearance Businesses (Health Premises) Registration Form must also be submitted, prior to undertaking any skin penetration operations.

**OFFICE USE ONLY:**    CC No: \_\_\_\_\_    HP No.: \_\_\_\_\_

Amount: \_\_\_\_\_    Receipt No.: \_\_\_\_\_    Date: \_\_\_\_\_