



Environmental Health Unit
 311 Glenferrie Road MALVERN
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 MALVERN 3144
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 www.stonnington.vic.gov.au

Application for Plans Approval For Health Premises

(Public Health and Wellbeing Act 2008)

Fee \$70

APPLICANT DETAILS

Name of Applicant: (must be person or company name – trading name not acceptable)	
Postal Address:	

BUSINESS DETAILS

Trading Name:	
Premises Address:	
Contact Person:	
Phone:	Mobile:
	Email:

HAIR/BEAUTY/SKIN PENETRATION - please tick any treatments listed below that are offered at your business

Category 1 (High Risk Skin Penetration)	Category 2 (Low Risk Skin Penetration)	Category 3 (Low Risk Beauty Services)
<input type="checkbox"/> Ear Piercing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Colonic Irrigation	<input type="checkbox"/> Manicure/Pedicure <input type="checkbox"/> Waxing / Facials <input type="checkbox"/> Electrolysis <input type="checkbox"/> Laser Treatment <input type="checkbox"/> Dermabrasion	<input type="checkbox"/> Threading <input type="checkbox"/> Dry Needling <input type="checkbox"/> Foot spa <input type="checkbox"/> Acupuncture <input type="checkbox"/> Cosmetic Tattooing
		<input type="checkbox"/> Hairdressing <input type="checkbox"/> Make up <input type="checkbox"/> Spray Tan <input type="checkbox"/> Wigs <input type="checkbox"/> Hair Extensions <input type="checkbox"/> Eyebrow/Eyelash Tinting <input type="checkbox"/> Eyelash Extensions

PRESCRIBED ACCOMMODATION

<input type="checkbox"/> residential accommodation (including Bed & Breakfast)	<input type="checkbox"/> hotel/motel/hostel <input type="checkbox"/> rooming house	<input type="checkbox"/> student dormitory <input type="checkbox"/> holiday camp	No of rooms	
			Max no. of persons accommodated	

- Application must be accompanied by two (2) copies of plans for the proposed premises showing the proposed use for each room. Plans must be:**
 - Drawn to scale.
 - Of a scale of not less than 1:100.
 - Accompanied by specifications for materials and finishes for all surfaces including floors, walls and bench tops
- Plans must show :**

Hair/Beauty/Skin Penetration All treatment areas Hand wash basin Cleaning area and equipment sink Equipment storage areas The layout of all fixtures, fittings and equipment	Prescribed Accommodation All bedrooms and beds Kitchens, lounge-rooms and other shared facilities The number and location of all toilets, showers, baths and handbasins Waste disposal and storage areas
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- Hand drawn plans will only be acceptable if:**
 - The plans are drawn accurately to scale (use graph paper or a ruler).
 - The plans are in plan view (i.e. viewed from above).

Applicant Signature:	Date:
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Privacy Statement: The information collected on this form will be used for administration and enforcement of the Public Health and Wellbeing Act 2008 and subordinate regulations, and will be treated in accordance with the Privacy and Data Protection Act 2014.

Office Use Only

Acct: R2600.2210 Health Application Fee
 Application Entered:
 Plans Approved:
 Application approved:
 Category code:

Receipt no.:
 Premises type:
 EHO area:
 EHO Name:
 Registration Number: