



Environmental Health Unit
 311 Glenferrie Road MALVERN
 PO Box 58
 MALVERN 3144
 Phone: 8290 3393
 www.stonnington.vic.gov.au

Application for Plans Approval

Fee \$135

Planning Permit Obtained (Ph: 8290 3329) Permit No. _____

NOTE: You must provide evidence that a planning permit has been obtained along with your application. Failure to provide this information may cause delays in the approval process.

APPLICANT DETAILS

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

Postal Address:

BUSINESS DETAILS

Trading Name:

Premises Address:

Description of Premises
 (Provide detail on the type of services provided and/or the nature and volume of food prepared)

Contact Person: Phone:

Email: Mobile:

1. **Application must be accompanied by two (2) copies of plans for the proposed premises.**
2. **Plans must be:**
 - a) Drawn to scale.
 - b) Of a scale of not less than 1:100.
 - c) Of sufficient detail – the following items must be clearly identified:
 - i) all food preparation areas
 - ii) all food storage areas
 - iii) waste disposal area
 - iv) bin wash area
 - v) any further storage areas
 - vi) location of toilet
 - vii) the layout of all fixtures, fittings and equipment
 - d) Accompanied by specifications for materials and finishes for all surfaces including floors, walls and bench tops.
3. **Hand drawn plans will only be acceptable if:**
 - a) The plans are drawn accurately to scale (use graph paper or a ruler).
 - b) The plans are in plan view (ie viewed from above).

Applicant Signature: **Date:**

Privacy Statement: The information collected on this form will be used for administration and enforcement of the Food Act 1984 and Health and will be treated in accordance with the Privacy and Data Protection Act 2014.

Office Use Only	
Acct: R2600.2210 Health Application Fee	Receipt no.:
Application Entered:	Premises type:
Plans Approved:	EHO area:
Application approved:	EHO Name:
Class:	Registration Number: