

Health Facility Guidelines

Detailed Submission Application Form

Purpose:

The purpose of this Application Form is to notify SHCC of the intent to lodge a Detailed Submission for a comprehensive review against the Standards and Guidelines. The notification will allow SHCC to streamline incoming documents and ensure adequate staffing is available for the review process. On satisfactory completion of this process, the applicant will be given a Building Permit.

Prerequisites:

- Verify the health facility has received an 'Approval in Principle – Schematic' (AIP-S). If so, the Approval Number of the AIP-S is to be transferred to the applicable section below. Further information on the licensing process is available through the [Health Facilities Guidelines - Part A Administrative Provisions](#).
- Ensure the health facility has received a Project Approval from the Urban Planning Council. Submissions without this approval will be rejected.

Process to Lodge this Application Form:

Fill out this form on screen – print – lodge without signature online* – sign the printed copy and include it in the Detailed Submission. By return email, SHCC will confirm the date and time when the submission can be lodged at the SHCC office. ***NOTE: The online submission is not enabled until further notice. The Applicant is to submit the signed hard copy only, together with all required documents. An appointment with SHCC is to be made prior to lodging the registration.**

AIP-S Approval Numbers (1):		AIP-S:	AIP-S:
Number of Detailed Submission (2):			
Project:	Name		
	Location/Address		
	Legal Plot Number		
	Size (Gross Floor Area in m ²)		
Applicant (3)	Company Name		
	Name and Surname Executive		
	Role Executive		
	Business Address		
	Business Phone Number		
	Business Email		
	Prequalification Number (4)		
Date the Detailed Submission will be ready (5):			

(1) This is the Approval Number on the AIP-S form received from SHCC when registering and when receiving approval for the Schematic Submission.

(2) This is the number of times a Detailed Submission was lodged. The maximum number of submissions is **three (3)**.

(3) This is the Owner/Operator of the Health Facility. This section is to be filled out by a Senior Executive.

(4) This is the SHCC Prequalification Number for all SHCC prequalified Owners/Operators.

(5) This is the date the Submission will be ready for lodgment. SHCC will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature:

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Date:

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