REF: NO	A14:104
DATE RECEIVED	

MINISTRY OF HEALTH - BARBADOS

THE HEALTH SERVICES (BUILDING) REGULATIONS, 1969

■■ Three copies of this form must be submitted with each application, and must be accompanied by three (3) sets of drawings to a scale not less than 1:100 mm (1/8" = 1'.0") of the proposed construction and including details of sewage disposal and drainage.

TO	THE MINIST	ER OF HEALTH:					
	I/V	WE HEREBY make apperent of the second of the	t to your approv	al.		_	
			SIGN	ED:			
		DDRESS OF APPLICANT: er Mr. Miss or Mrs.)					
					TELEPHONE NUM	BER:	
		DDRESS OF AGENT: er Mr. Miss or Mrs.)					
					TELEPHONE N	JUMBER:	
N.B	. PLANS M	UST ACCOMPANY THIS A	PPLICATION *				
1.	SITE (a) Addı	ress or location of site	(b) Area of site		(c) Proportio	on of site to be built on	
 2.	PURPOSE OF BUILDING						
	(a) Residential – No. of Bedrooms						
	` ,	nercial – e of Business					
		No. of Staff		Male	F	emale	
		No. of Patrons		Male	F	emale	
	(c) Indu	strial –				_	
	Type of operation						
	<i>,</i> ,	e of Process uding raw materials used)					
		No. of Staff (Adm	nistration)	Male	I	Female	
		,	ers)	Male	I	Female	
3.	DAMP PRO	OOFING					
		method to be employed					
4.	State meth	State method of storm and waste water drainage					
<u> </u>	Proposed v	water supply					

7.	Type of Building Materials (a) Walls	(b) Roo	of Covering	Roof Supports				
8.	Method of Refuse Storage and Dis	oosal						
9.	If for Industrial use state: (a) brief description of treatment of Industrial waste		ans of disposal of trade uents	(c) means of disposal of trade waste and refuse				
10.	Any other relevant information							
FOR OFFICE USE ONLY APPROVAL This is to certify that the plans submitted for the proposed building/alterations are satisfactory. CONDITIONS:-								
		1						
		3						
REFUSAL REASONS:-								
		DATE						
N.B.				MINISTRY OF HEALTH				