

SWIMMING POOL CERTIFICATE OF COMPLIANCE APPLICATION

Swimming Pool Act 1992 (NSW) and Swimming Pool Regulation 2008 (NSW)

APPLICANT DETAILS

Name: (Full Name) _____

Postal Address: _____

Suburb or Town: _____ State: _____ Postcode: _____

Daytime telephone: _____ Work: _____ Mobile: _____

Email: _____

Application is hereby made for a certificate of compliance under Section 22C and 22D of the *Swimming Pools Act 1992 (NSW)* in relation to the swimming pool located on the property identified below.

The applicant is:

- ☐ a) the owner of the property containing the pool or the owner's solicitor, architect or agent
☐ b) a person with the written consent of the owner of the property containing the pool

CONSENT OF OWNER

The written consent of the owner of the property containing the pool or the owner's solicitor or agent is necessary unless the applicant is a person referred to in paragraph a) or b) above

Owner Name (Full Name): _____

Address: _____

Being the owner/owner's solicitor/agent, consent to the making of this application

Owner Name (Full Name): _____

Owners Signature: _____ Date: _____

PROPERTY DETAILS (Details can be found on your rate notice)

Property Address: _____

Side Street: _____ Cross Street: _____

Lot/Portion: _____ Section: _____ DP: _____

REASON FOR POOL INSPECTION (Please tick as appropriate)

| | | | | | |
|-------------------------------|--------------------------|-------------------------|--------------------------|-------------------------|-------|
| Mandatory Inspection | <input type="checkbox"/> | Property for Rent/Lease | <input type="checkbox"/> | Date of Lease Agreement | _____ |
| Expiry of Current Certificate | <input type="checkbox"/> | Sale/Contract | <input type="checkbox"/> | Date of Exchange | _____ |

DESCRIPTION OF POOL (Please tick as appropriate)

| | | | | | |
|--------------|--------------------------|-----------------|--------------------------|--------|--------------------------|
| Above Ground | <input type="checkbox"/> | Inground | <input type="checkbox"/> | Indoor | <input type="checkbox"/> |
| Spa Pool | <input type="checkbox"/> | Other (Specify) | <input type="checkbox"/> | | |

Note: If your pool and spa pool are not within the same swimming pool isolation fencing, you are required to lodge a separate application for each with Council.

CONTACT DETAILS FOR ACCESS TO PROPERTY

Name: _____

Telephone (Home) _____ (Work) _____ Mobile _____

Email: _____

OWNER / APPLICANT DECLARATION

- ☐ I request that Inverell Shire Council conduct an inspection of the swimming pool barrier isolation fencing surrounding my pool and/or spa pool.
- ☐ I authorise Council officers to enter onto my property for the purposes of conducting any and all inspections required by this swimming pool barrier inspection application.
- ☐ I acknowledge that all inspections for this swimming pool barrier inspection application will be conducted during daylight hours. I wish to be present or have my representative present during any inspection.
- ☐ I confirm that I have conducted the self-assessment for the swimming pool barrier fencing for my swimming pool and/or spa pool. I have utilised the NSW Government's website at swimmingpoolregister.nsw.gov.au for this self-assessment against the checklist provided. To the best of my knowledge and belief, this swimming pool and/or spa pool complies with the requirements of the Act, the Regulations and the relevant Australian Standards.
- ☐ I confirm that the swimming pool and/or spa pool which is the subject of this application has been registered with the NSW Swimming Pools Register.
- ☐ I acknowledge that, should the swimming pool and/or spa pool not be registered with the NSW Swimming Pool Register, I may be the subject of legal action, including but not limited to a Penalty Infringement Notice for the failure to register this swimming pool and/or spa pool.

Signature: _____ Date: _____

PRIVACY AND COPYRIGHT NOTICE

The completed swimming pool barrier application form and any documents submitted with the application contains personal information that is being collected in order to assess, process and determine the application under the provisions of the *Swimming Pools Act 1992* (NSW) and the *Swimming Pools Regulation 2008* (NSW).

The information will be processed by Inverell Shire Council and will be made available to public enquiries under the *Government Information (Public Access) Act 2009* (GIPA). The information will be stored in Council's electronic document management system.

The information supplied and fee paid is required under the *Swimming Pools Act 1992* (NSW) and the *Swimming Pools Regulation 2008* (NSW). The supply of the information is voluntary, however if it is not supplied Council may be unable to process the application.

COLLECTION DETAILS

☐ Post ☐ Collection ☐ Fax ☐ Email: _____

PAYMENT DETAILS

Application Fee: \$150.00*

(*Fee includes initial inspection. Applicant may be invoiced for a follow up inspection as set by Legislation)

☐ Direct Deposit (BSB 082 649 Acc 665 471 464)

✂.....

| | | | | | | | | | | | | | | | | | |
|---|-----------------------|-------------------------------------|-------------------------------|--|--|---|--|--|--|--|-----|--|--|--|--|--|--|
| Insert credit card details to be debited. A merchant Service Fee applies of 0.65% | Type of card | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa | | | | | | | | | | | | | | |
| | Credit card No. | | | | | | | | | | | | | | | | |
| | Cardholders Name | | | | | | | | | | | | | | | | |
| | Cardholders Signature | | | | | | | | | | | | | | | | |
| | Card Expiry Date | | | | | / | | | | | CCV | | | | | | |
| | Contact Ph number | | | | | | | | | | | | | | | | |
| Council Office Use Only | Record # | | | | | | | | | | | | | | | | |
| Fees are in accordance with 2022-23 Fees and Charges | | | | | | | | | | | | | | | | | |