

## SWIMMING POOLS COMPLIANCE CERTIFICATE APPLICATION

*(made under the Swimming Pools Act 1992 section 22B)*

### I. APPLICATION DETAILS

|  |            |
|--|------------|
| Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> | Full Name: |
| Postal Address:  |            |
| Mobile Phone:  | Email:     |
| I hereby apply for development consent to carry out the development described below                                |            |
| Applicant(s) signature:  |            |

### 2. OWNER DETAILS

|   |            |
|---|------------|
| Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>    | Full Name: |
| Postal Address:   |            |
| Mobile Phone:   | Email:     |
| I/we being the owner of the land to which this application relates, hereby consent to the making of this application. |            |
| Applicant(s) signature:   |            |

### 3. LAND DETAILS

|              |                   |              |
|--------------|-------------------|--------------|
| No.:         | Street/Road Name: | Locality:    |
| Lot No.:     | DP:               | Section No.: |
| Portion No.: | Parish.:          | Area:        |

### 4. TYPE OF SWIMMING POOL

### TYPE OF PROPERTY

|   |  |
|---|--|
| <input type="checkbox"/> Type of swimming pool<br><input type="checkbox"/> inground fibreglass<br><input type="checkbox"/> in ground other _____<br><input type="checkbox"/> above ground frame<br><input type="checkbox"/> above ground inflatable<br><input type="checkbox"/> spa pool/bath<br><input type="checkbox"/> other _____ | <input type="checkbox"/> Type of property<br><input type="checkbox"/> Single Dwelling<br><input type="checkbox"/> Rental Property<br><input type="checkbox"/> Dual Occupancy<br><input type="checkbox"/> Residential Flat<br><input type="checkbox"/> Multi Dwelling<br><input type="checkbox"/> Tourist and Visitor |
|---|--|

### OFFICE USE ONLY

|                             |   |
|-----------------------------|---|
| PSPR No.:                   | Year of the swimming pool installation: _____<br>Has the safety barrier been altered <input type="checkbox"/> NO <input type="checkbox"/> YES Date: ___/___/___<br>Is the pool registered with the NSW Swimming Pools Register: <input type="checkbox"/> NO <input type="checkbox"/> YES<br>If yes, what is your NSW Swimming Pools Register No.: _____<br>(you must be registered before you apply for a Compliance Certificate)<br>Please sketch the pool area on the back of this form |
| Pool Type:                  |   |
| Total Amount: \$150.00      |   |
| Date Received:              |   |
| Application: _____/SP-_____ |   |
| ID Number:                  |   |

Please sketch the pool area including any structures that are inside the safety barrier:

