



## APPLICATION FOR SWIMMING POOL CERTIFICATE OF COMPLIANCE

IN ACCORDANCE WITH SECTION 24 OF THE SWIMMING POOLS ACT 1992

<b>APPLICANT DETAILS (PLEASE COMPLETE USING BLOCK LETTERS)</b>	
NAME:	
POSTAL ADDRESS:	
TOWN/LOCALITY:	POST CODE:
PHONE:	MOB:
FAX:	EMAIL:
I, the undersigned hereby apply to the Parramatta City Council for a Certificate of Compliance pursuant to section 24 of the <i>Swimming Pools Act 1992</i> , by signing below I declare that all information provided in this application is correct.	
<b>APPLICANTS SIGNATURE:</b>	<b>DATE:</b>

<b>OWNERS DETAILS (PLEASE COMPLETE USING BLOCK LETTERS)</b>	
NAME:	
POSTAL ADDRESS:	
TOWN/LOCALITY	POST CODE:
PHONE:	MOB:
FAX:	EMAIL:
<b>OWNERS SIGNATURE:</b>	<b>DATE:</b>

<b>PROPERTY DETAILS (PLEASE COMPLETE USING BLOCK LETTERS)</b>			
STREET ADDRESS:			
TOWN/LOCALITY		POST CODE:	
LOT:	SECTION:	DP:	

**SWIMMING POOL DETAILS** (PLEASE TICK APPROPRIATE BOX)

TYPE(S) OF POOL(S):

Inground fibreglass

Inground concrete

Inground spa

Above Ground Pool

Above Ground Spa

Other

AGE OF POOL(S):

0-5 Years

5-10 Years

10 Years+

**SITE SKETCH**

In the space provided below draw a site sketch showing the swimming pool(s) and all buildings, fences, gates, doors and windows which provide public access to the pool(s). The sketch is to be clear, legible and labelled where appropriate.

**PLEASE NOTE**

In accordance with the *Swimming Pools Act 1992* the applicant is entitled to appeal to the Land and Environment Court against Council's refusal of the application. The Council's failure to determine the application within six (6) weeks after it is made, is taken, for the purposes of any such appeal, to be a refusal of the application.

**Please ensure the appropriate fees accompany this application (refer to Council fees and charges) and that all sections of the application are completed correctly as an incomplete application will not be processed.**

**OFFICE USE ONLY**

Fees:

Receipt #:

Date:

**COMPLIANCE/ENVIRONMENTAL HEALTH OFFICERS ASSESSMENT & RECOMMENDATIONS:**

Compliance/Environmental Health Officer Signature:

Date: