GLEN INNES SEVERN COUNCIL



The General Manager PO Box 61 GLEN INNES NSW 2370 Ph: 02 6730 2350 Fax: 02 6732 3634

APPLICATION FOR SWIMMING POOL CERTIFICATE of COMPLIANCE

NSW Swimming Pool Act 1992 - Section 24

IMPORTANT: YOU MUST HAVE REGISTERED YOUR POOL BEFORE APPLYING FOR THIS COMPLIANCE CERTIFICATE Website to Register Pool: <u>www.swimmingpoolregister.nsw.gov.au</u>

| | Fee | | Cashier |
|---|-------------|-----------------|---------|
| Ī | Receipt No. | Date of Receipt | |

| APPLICANT'S DETAILS (must be the owner of the premises on which the pool is situated) | | | | | | |
|---|--|--|--|--|--|--|
| Applicant's Name: | | | | | | |
| Postal Address: | | | | | | |
| Phone:Email:: | | | | | | |
| Applicant's (Owner) Signature | | | | | | |
| PROPERTY IDENTIFICATION | | | | | | |
| LotSection | | | | | | |
| Street NoStreet Name: | | | | | | |
| Locality Property Name (if applicable) | | | | | | |
| DETAILS OF SWIMMING POOL | | | | | | |
| Year the pool was installed / constructed: | | | | | | |
| \blacktriangleright Is the pool surrounded on all four sides by a child resistant barrier (fence) YES \Box NO \Box | | | | | | |
| Is there a warning notice displayed in a prominent position in the immediate vicinity of the swimming pool, | | | | | | |
| showing details of resuscitation techniques for cardio and pulmonary and bearing the appropriate statement(s) | | | | | | |
| (according to the year the pool was approved.) YES NO | | | | | | |
| CONTACT DETAILS TO ARRANGE ACCESS TO PREMISES | | | | | | |
| Name Phone | | | | | | |
| NOTE: | | | | | | |
| If Council fails to finally determine the application within 6 weeks after it is made, then Council is taken, for the purposes of any appeal proceedings, to have refused the application. | | | | | | |
| If Council refuses the application for a certificate of compliance, or is taken to have refused the application, the owner of the premises on which the relevant swimming pool is situated is entitled to appeal to the Land and Environment Court against Council's refusal. | | | | | | |
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**An Additional fee is payable if a re-inspection is required