

APPLICATION FOR SWIMMING POOL CERTIFICATE OF COMPLIANCE s.22D of the Swimming Pools Act 1992

OFFICE USE ONLY D	ate Received:	Pool Reference No:			
APPLICATION DETAILS					
Address of swimming pool	l:				
Purpose for Lodgement :	□ Sale	□ Strata			
Access for Inspection:	Lease Name:	Contact No:			
APPLICANT DETAILS					
Title Mr / Mrs/ Dr/ Other:	Given Name(s)	Surname / Last Name			
Company Name:					
Contact Address: Unit:	House Number: Street or PO Bo	эх:			
Suburb:	State:	Postcode:			
*Daytime Phone:	*Fax:	*Mob:			
*Email:					
* Voluntary information only. (Assists with timely processing of your application) See Privacy and Personal Information Act statement)					
	PAYMENT DETAIL	S			
Method of Payment (pleas	se tick): Cash Cheque Cree	dit Card			
Complete section below if credit cardholder is not the applicant. The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the fund.					
Cardholder's Printed Name Date					
Cardholder's Signature					
	OWNER'S CONSE	NT			
As owner/s of the land to which this application relates, I/we consent to the lodgement of this application. I/we consent to relevant Council officers-and any consultants or legal representatives engaged by Council to enter the premises to carry out inspections in relation to the development and to take any photographs of the pool barrier to assist with documenting the inspection.					
Full name or company nar	ne:				
Position of signatory if a company name: ACN No					
Postal address:					
Postcode: S	Signature (s)				



SERVICE AGREEMENT

Authorised Officers appointed by Mosman Council (the "Council") will, on behalf of the Council, undertake swimming pool compliance inspections in a professional manner and in accordance with the requirements of the *Swimming Pools Act 1992*. Authorised Officers will identify and outline all work that is necessary, if any, in order for you to comply with the requirements of the *Swimming Pools Act 1992* and to ensure the timely determination of the application.

Fees and Charges

The fees and charges imposed are as prescribed by Section 18A of the Swimming Pools Regulation 2008:

Lodgement/Initial Inspection Fee:	\$150
Reinspection Fee:	\$100

Only the lodgement fee is payable on lodgement of the application. If a reinspection is required this will be invoiced to the applicant at time of each inspection.

Please note: Council will not issue a Certificate of Compliance or Certificate of Non-Compliance until all fees, including a reinspection fee if imposed, have been paid.

The Swimming Pools Act 1992, the Swimming Pools Regulation 2008 and AS 1926.1 – 2012 Australian Standard Swimming Pool Safety Part 1: Safety Barriers for Swimming Pools apply to all swimming pools (both indoor and outdoor) on premises where there is a residential building, a movable dwelling (eg caravan) a hotel or a motel. If you are the owner of premises on which a swimming pool is situated you must ensure the following in relation to your pool:

- The pool is surrounded by a child resistant barrier
- Ensure the barrier, gates and doors are in good working condition, the gate opens away from the pool and has a self-closing mechanism device at a height of 1.5 metres above the finished ground level
- Display prominently an approved resuscitation sign in the immediate vicinity of the swimming pool / spa
- Maintain the 900mm non-climbable zone areas around the swimming pool
- Spa pool is required to be covered or secured by a child safety structure

Further Information:

Please visit Council's website <u>www.mosman.nsw.gov.au/planning-and-development/safety/swimming-pool-safety/</u> for access to:

- The Swimming Pools Act 1992 and Regulations 2008
- Access to the Building Code of Australia 'Swimming Pool Access'
- The Cardiopulmonary Resuscitation (CPR) Guideline

In addition, a copy of the Australian Standard 1926.1~2012 Safety Barriers for Swimming Pools, can be viewed at Mosman Municipal Council Civic Centre or the Barry O'Keefe Library.

PRIVACY AND PERSONAL INFORMATION ACT

Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

DECLARATION

The details provided by me are correct and I have read and understand all information provided in this application.

Applicant's Signature

Date

OFFICE USE ONLY	CST AUTHORITY		Initials:
Ledger No: 1040100.2766.026 (GST exempt)			Date:
	Amount	Receipt No.	Date
\$150 Initial inspection fee	\$		
\$100 Reinspection fee	\$		

Credit Card Authority Form

This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council		
Credit Card Details - Council Payment Fax No. (02) 9978 4299		
This form cannot be emailed to Council		
Please charge my Card number	American Express Master Card Visa	
Card holder's name	Expiry Date /	
Amount	\$ Phone () daytime	
Signature		
Please note that American Express, Master Card and VISA incur a 1% service fee.		
THIS PAGE IS NOT TO BE SCANNED, COPIED, EMAILED OR REPRODUCED BY COUNCIL		