

APPLICATION FOR EXEMPTION (SWIMMING POOLS ACT 1992)

s.22 of the Swimming Pools Act 1992

Office Use Only:	Date received:
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APPLICANT DETAILS (s.22 of the Swimming Pools Act 1992 states that the application must be made by the owner)		
Title	Given Name(s)	Surname / Last Name
Mr / Mrs/ Dr/ Other: _____		
Company Name: _____		
Contact Address: Unit: __ House Number: _____ Street or PO Box: _____		
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 DETAILS	
Method of Payment (please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit 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 _____	

CONTACT DETAILS (Complete when a company or more than one person is the applicant)	
Contact details to arrange site inspection (complete when different from above).	
Contact person: _____	*Daytime Phone: _____

OWNER'S CONSENT	
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, Councillors and any consultants or legal representatives engaged by Council to enter the premises to carry out inspections in relation to the development.	
Full name or company name: _____	
Position of signatory if a company name: _____ ACN No. _____	
Postal address: _____	
Postcode: _____ Signature (s) _____	

ADDRESS OF PREMISES

Address of premises: _____

NSW SWIMMING POOL REGISTER

Is the swimming pool registered on the NSW Swimming Pool Register? (Select one):

- Yes If YES, provide the Certificate of Registration number issued on registration of the pool: _____
- No

POOL DETAILS

Type of pool (select one):

- In ground Above ground Spa/Hot tub Indoor

Year of pool construction/alteration (select one):

- Pre 1 August 1990 1 August 1990 - 31 August 2008
- 1 September 2008 - 31 March 2013 After 31 March 2013 Not yet constructed

Exemptions under s.22 will only be considered for existing swimming pools and where the application is lodged concurrently with a Development Application.

INFORMATION NEEDED		Supplied	Checked
1	Site Sketch		
	<ul style="list-style-type: none"> Provide a sketch of the site which includes the street name, north point, all existing buildings and their use, all existing fencing including height and type, and other child-resistant barriers to pool access and location of the pool. 	<input type="checkbox"/>	<input type="checkbox"/>
2	Exemption Report		
	<ul style="list-style-type: none"> Provide a report from a suitably qualified person detailing the exemption that is requested and detailed reasons to support the application for an exemption. 	<input type="checkbox"/>	<input type="checkbox"/>

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: 1040205.2921.026	Amount	Receipt No.	Date: _____
\$250.00 Swimming Pool Barrier Exemption	\$		

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 American Express Master Card Visa

Card number

Card holder's name Expiry Date /

Amount \$ Phone () daytime

Signature

Please note that American Express, Master Card and VISA incur a 1% service fee.

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