

Public Swimming Pools and Spas

New premises registration/change of details

22/23



If you need help lodging your form, contact us		Office use only		
Email	council@northernbeaches.nsw.gov.au	Form ID	2041	
Phone	1300 434 434	TRIM Ref		
Customer Service Centres	Manly Town Hall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated	June 2022
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	Business Unit	Environmental Compliance
		Application No.		

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

Part 1: Purpose of Lodgement

Please indicate for which purpose you are submitting this form by ticking one of the boxes below	
<input type="radio"/> Registration of Public Swimming pool or spa pool	<input type="radio"/> Change of Details

Part 2: Applicant & Premises Details (Required under Clause 19 of the NSW Public Health Regulation 2012)

It is important that we are able to contact you if we need more information. Please give us as much detail as possible.			
Registered Name of Business			
Registered ATO Address			
Suburb		Postcode	
ABN/ACN number			
Trading name of business			
Trading address of business			
Suburb		Postcode	
Contact Person's Full Name (for Council's Enquiries or Cryptosporidium Notifications)			
Phone		Alternate	
<input type="radio"/> Owner			<input type="radio"/> Tenant
Email			

Part 3: Statutory Fee

Notification of new premises fee	\$100
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Part 4: Occupier Details (Required under Clause 20 of the NSW Public Health Regulation 2012)*

Occupier Full Name			
Occupier Residential Address			
Occupier Email Address			
Occupier Home Number		Occupier Mobile Number	
Occupier Business Number			

*If different from above

Part 5: System & Operational Details

Number of Indoor pools		Number of Indoor spa pools	
Number of Outdoor pools		Number of Outdoor spa pools	
Chemical Dosing System (tick applicable)	<input type="radio"/> Chlorine automatic dosing	<input type="radio"/> Chlorine ORP dosing	<input type="radio"/> Bromine automatic dosing
	<input type="radio"/> Bromine ORP dosing	<input type="radio"/> Other	
Auxiliary Disinfection System (tick applicable)	<input type="radio"/> Ozone ionic	<input type="radio"/> UV light	<input type="radio"/> Cyanurate
	<input type="radio"/> Ionic	<input type="radio"/> None	<input type="radio"/> Other
Activities Conducted on Premise (tick applicable)	<input type="radio"/> Learn to swim	<input type="radio"/> Rehabilitation	<input type="radio"/> Splash park
	<input type="radio"/> Gym/fitness	<input type="radio"/> Hotel/resort	<input type="radio"/> Sports Carnivals
Average Users per day	<input type="radio"/> Over 50 Users	<input type="radio"/> 20-50 Users	<input type="radio"/> Less than 20 users

Part 6: Declaration of Details

<ul style="list-style-type: none">• I declare that the information provided on this form is accurate, complete and correct.• I declare that I have the necessary records and/or documentation to support this registration form.			
Applicants signature		Date	
Applicants full name			

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ACCORDING TO PROCEDURES**

Credit Card Details			
Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> American Express
Amount	\$		

Name as appears on card															
Card Number															
Expiry Date															

Signature															
Daytime Phone Number															
Date															

Please note: All credit card payments are subject to a 0.5% service fee

Office Use Only															
Application No.															

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