



Section 22D of the Swimming Pools Act 1992

If you need help lodging your form, contact us		Office use only		
<b>Email</b>	council@northernbeaches.nsw.gov.au	<b>Form ID</b>	2056	
<b>Phone</b>	1300 434 434	<b>TRIM Ref</b>	C001663	
<b>Customer Service Centres</b>	<b>Manly</b> Townhall, 1 Belgrave Street Manly NSW 2095	<b>Dee Why</b> Civic Centre, 725 Pittwater Road Dee Why NSW 2099	<b>Last Updated</b>	July 2021
	<b>Mona Vale</b> 1 Park Street Mona Vale NSW 2103	<b>Avalon</b> 59A Old Barrenjoey Road Avalon Beach NSW 2107	<b>Business Unit</b>	Environmental Compliance
		<b>Application No.</b>		
		<b>Receipt No.</b>		

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

This is an application to request Council to undertake an inspection of the safety barrier of a swimming pool or spa to determine whether a 'Certificate of Compliance' can be issued pursuant to the Swimming Pools Act 1992.

## Part 1: Property Details

<b>Address</b>				<b>Post Code</b>	
	<b>Legal Property Description</b>	<b>Lot:</b>		<b>Section:</b>	<b>DP/SP:</b>

## Part 2: Owner Details

<b>Owner(s) Name</b>			
<b>Address of Owner</b>			
<b>Owner's Consent</b>	<p>As the owner(s) of the land to which this application relates, I/we consent to this application and consent for the authorised council officer to enter the land to carry out an inspection(s) of the safety barriers of my swimming pool/ spa pursuant to the Swimming Pools Act 1992. I/we declare that the information provided in this application is accurate and correct.</p> <p>All owners of the property must sign this application. If the property is a unit under strata title or community title, the common seal of the owner's corporation must be stamped on this application and signed by the chairman or secretary of the owner's corporation. If the owner is a company, the form must be signed by an authorised director and the common seal must be stamped on this application. If the property has been recently purchased, written confirmation from the purchaser's solicitor must be provided. If the contracts have been exchanged for the purchase of the land, the current owner is to sign the application.</p>		
<b>Signature</b>		<b>Date</b>	

### Part 3: Applicant's Details

Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other				
First Name					
Last Name					
Property Owner	Yes	No	Managing Agent	Yes	No
Address					
Phone			Alternate		
Mobile			Fax		
Email					
Is your Swimming Pool or Spa registered in the NSW Swimming Pool Register?	Yes		No		If yes, Registration Number:
Preferred Method of Receiving Certificate	Mail			Email	
Reason for Application	Sale of Property		Lease of Property		Other (Describe):
Signature of Applicant					Date

### Part 4: Swimming Pool Details

Type of Swimming Pool/Spa	In-Ground Pool	Above Ground Pool	Indoor Pool	In-Ground Spa	Above Ground Spa
Type of Property	Waterfront		Greater than 2 Hectares	Less than 320m <sup>2</sup>	
Year of Installation/Construction	Prior to 1 August 1990	Between 1 August 1990 and 31 August 2008		Between 1 September 2008 and 29 April 2013	
Has there been any alteration or modification to the safety barriers of the Swimming Pool/Spa?				Yes	No

### Part 5: Application Fee(s)

An application fee of \$250.00 applies for the issue of a 'Certificate of Compliance'. This fee also includes a reinspection fee. If it is determined by the authorised council officer that a reinspection is not required, you will be refunded \$100.00	\$250
If further inspections are required, an additional fee of \$100.00 (per inspection) is to be paid prior to issuing the 'Certificate of Compliance'	\$100

This page is blank

**ALL HARD COPIES TO BE DESTROYED  
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: Payment card surcharge of 0.5% applies

Office Use Only																
Application No.																

**ALL HARD COPIES TO BE DESTROYED  
ACCORDING TO PROCEDURES**