

Cowra Shire Council Private Bag 342 Cowra NSW 2794

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Application for Swimming Pool Certificate of Compliance

Swimming Pools Act 1992

| I. Property details where Swimming Pool is Located | | |
|--|-----------|--|
| Street Number and Name: | | |
| Suburb/Town: | code: | |
| Lot No(s):Section No(s):DP/SP No(s): | | |
| 2. Swimming Pool Details | | |
| 2. Swittining 1 001 Decans | | |
| Approximate year that the swimming pool was approved/built: | | |
| Development or Building Application Number (if known): | | |
| Type of Swimming Pool: | | |
| In-ground 🗆 Semi in-ground 🖵 Above ground 🖵 Spa/h | Hot Tub 🛚 | |
| Construction materials: | | |
| Concrete 🗆 Fibreglass 🗅 Metal 🖵 Othe | er 🗖 | |
| Has the swimming pool been registered on the Department of Local Government Website: | | |
| Yes (please provide a copy of your certificate of registration) | | |
| No 🗖 (please note that a Certificate of Compliance cannot be issued until the pool has been registered) | | |
| ** To register your swimming pool go to www.swimmingpoolregister.nsw.gov.au ** | | |
| 3. Access Details | | |
| An inspection of the property will be required to be carried out by Council. Please indicate the name of the person to contact to gain access to property. | | |
| Contact Name: | | |
| Contact Phone Number: | | |
| ** Please provide all the details required. Incomplete or illegible information may lead to delays. Fees must be paid at the time of lodgement. ** | | |
| 4. Details of Applicant(s) | | |
| | | |
| First Name(s): Family Name(s): | | |
| Postal Address: | | |
| Suburb/Town:State:Post | | |
| Day time Telephone Number: Fax Number: | | |

| 5. Applicant Signature(s) | | |
|--|---------------------------------|--|
| All applicant(s) must sign the application form. | | |
| Applicants Name: | _ Applicants Signature: | |
| Applicants Name: | _ Applicants Signature: | |
| Date: | | |
| | | |
| 6. Property Owner(s) Consent | | |
| I/we the owner(s) of the above property give permission for Council Officers to enter the property for the purpose of inspecting the swimming pool and consent to the officer taking photographs of the pool area. | | |
| ** Please note that ALL owners | s must sign this application ** | |
| Owner I | Owner 2 (if applicable) | |
| Owners Name: | Owners Name: | |
| Owners Signature: | Owners Signature: | |
| Date: | Date: | |
| | | |
| Owner 3 (if applicable) | Owner 4 (if applicable) | |
| Owners Name: | Owners Name: | |
| Owners Signature: | Owners Signature: | |
| Date: | Date: | |
| | | |
| Office Use Only | | |
| A 1: M | Office Use: | |
| Application No: | Received | |
| Property File: | Date: | |
| Fee: | Time: | |
| Date: | Registration Date: | |
| Parcel(s): | Document № | |
| | | |