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## Swimming Pools Act 1992 Certificate of Compliance Application Form

- Please complete this form in ink using BLOCK LETTERS
- Application fee must accompany application – refer to Scheduled of Fees and Charges
- An incomplete application may result in deferral of your application
- For application or lodgement advice, please contact Environmental Services Department on 6540 1136

**APPLICANT** (if the applicant is a company, the ABN number and company seal must be provided)

Mr                      Mrs                      Ms                      Other

Name:		ABN No:	
Postal Address:		Postcode:	
Phone:		Fax:	
		Mobile:	
Email:			

I, the undersigned, hereby apply to Upper Hunter Shire Council for a Certificate of Compliance pursuant to Section 24 of the Swimming Pools Act 1992 and hereby declare that the information provided with this application is accurate and correct.

Signature:		Date:	
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**OWNER** (if the owner is a company, the ABN number and company seal must be provided. All owners must give consent)

Mr                      Mrs                      Ms                      Other

Name:		ABN No:	
Postal Address:		Postcode:	
Phone:		Fax:	
		Mobile:	
Email:			

As the owner(s) of the property subject to this application, I/we consent to the lodgement of this application.

Signature:		Date:	
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**PROPERTY DETAILS** (you must complete all details in this section)

Street Address:		Nearest cross Street:	
Town:		Postcode:	
Lot:		Section:	
		DP/SP:	

**SWIMMING POOL DETAILS**

Type(s) of Pool(s)

Age(s) of Pool(s)

**SITE SKETCH**

A site sketch showing the location of all buildings, including outbuildings, the location of the pool(s), fences, gates and doors/windows providing access or likely to provide access to pool areas must accompany this application. The sketch must be drawn to scale 1:50, 1:100 or 1:200.

**ADVICE TO APPLICANT**

Pursuant to clause 13(3) of the regulations to the Swimming Pools Act 1992: (a) the applicant is entitled to appeal to the Land and Environment Court against Council's refusal of the application; and (b) the Council's failure to determine the application within six (6) weeks after it is made, is taken, for the purposes of any such appeal, to be a refusal of the application.

**QUESTIONS YOU MUST ANSWER**

Have you fully completed this application form?

Have you attached a detailed submission setting out the grounds upon which you seek Council to grant an exemption to the requirements of the Swimming Pool Act 1992?

Have you attached a site sketch providing required details?

**PRIVACY STATEMENT**

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council; data service providers engaged by Council from time to time; any other agent of Council.

The supply of the information is voluntary. If you cannot provide or do not wish to provide the information sought, Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the Act. Council is the agency that holds the information. Enquiries concerning this matter can be addressed to the Public/Privacy Officer.

**OFFICE USE ONLY**

Fees & Charges	Amount \$	Receipt No.	Date	Initials
Application Fee				
Resuscitation Sign				

**CUSTOMER SERVICE CHECKLIST**

- Application form fully completed
- Have all questions been answered YES
- Owner's consent given (company seal where required)
- Fees paid
- Applicant advised of unsatisfactory items and that application should not be lodged until these minimum requirements have been satisfied
- Customer Service Officer Signature: \_\_\_\_\_

**ENVIRONMENTAL HEALTH & BUILDING SURVEYOR'S ASSESSMENT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENVIRONMENTAL HEALTH & BUILDING SURVEYOR'S RECOMMENDATION:** \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_