

# Swimming Pool Certificates of Compliance Application 23/24



Section 22D of the Swimming Pools Act 1992

If you need help lodging your form, contact us		
Email	council@northernbeaches.nsw.gov.au	
Phone	1300 434 434	
Customer Service Centres	Manly	Dee Why
	Town Hall, 1 Belgrave Street Manly NSW 2095	Civic Centre, 725 Pittwater Road Dee Why NSW 2099
	Mona Vale	Avalon
	1 Park Street Mona Vale NSW 2103	59A Old Barrenjoey Road Avalon Beach NSW 2107

Office use only	
Form ID	2056
TRIM Ref.	C001663
Last updated	June 2023
Business unit	Environmental Compliance
Application no.	
Receipt 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

**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: 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
CPR chart (new)	\$20.80

Signature		Date	
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## Part 2: Property Details

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

### Part 3: Owner Details

Owner(s) Name			
Address of Owner			
Owner's Consent	<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>		
Signature		Date	

### Part 4: Applicant Details

Title	Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other:		
First Name			
Last Name			
Company Name <i>(attached business card if relevant)</i>			
Address			Postcode
Phone			Mobile
Email			
Is your Swimming Pool or Spa registered in the NSW Swimming Pool Register?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, registration number
Preferred Method of Receiving Certificate	Mail <input type="radio"/>		Email <input type="radio"/>
Reason for Application	Sale of property	Lease of property	22E notice of non-compliance

### Part 5: 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 320m2	
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	After April 2013
Has there been any alteration or modification to the safety barriers of the Swimming Pool/Spa?				Yes	No
A current CPR chart within pool area				<b>Yes</b>	No
Do you require a CPR chart				Yes	No

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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: Payment card surcharge of 0.5% applies

Office Use Only															
Application No.															

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