



# Swimming Pool Certificate of Compliance Application

Swimming pools Act 1992

**CAB-016**

## 1. Property details where Swimming Pool is Located

Street Number and Name: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Lot No(s): \_\_\_\_\_ Section No(s): \_\_\_\_\_ DP/SP No(s): \_\_\_\_\_

## 2. Swimming Pool Details

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/Hot Tub

Construction materials:

Concrete

Fibreglass

Metal

Other

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](http://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: \_\_\_\_\_ Postcode: \_\_\_\_\_

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 must sign this application\*\***

**Owner 1**

Owners Name: \_\_\_\_\_

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Owner 2 (if applicable)**

Owners Name: \_\_\_\_\_

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Owner 3 (if applicable)**

Owners Name: \_\_\_\_\_

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Owner 4 (if applicable)**

Owners Name: \_\_\_\_\_

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

Application No: \_\_\_\_\_

Property File: \_\_\_\_\_

Fee: \_\_\_\_\_

Date: \_\_\_\_\_

Parcel(s): \_\_\_\_\_

Receipt: \_\_\_\_\_

**Office Use:**

Received Date: \_\_\_\_\_

Time: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Doc ID: \_\_\_\_\_

**HOW TO LODGE THIS APPLICATION:**

Courier or in person: Cabonne Council  
(opening hours: 900am – 500pm Monday to Friday)  
99-101 Bank Street, Molong  
PO Box 17, MOLONG, NSW, 2866  
41992 919 200  
Phone: (02) 6392 3200  
Fax : (02) 6392 3260  
Council@cabonne.nsw.gov.au  
www.cabonne.nsw.gov.au

Mail:  
ABN:  
How to contact us:

**BANK ACCOUNT DETAILS:**  
**COMMONWEALTH BANK**  
**BSB: 062-573**  
**ACCOUNT NO: 00000242**

<b>Fees and Charges</b>	<b>Required</b>	<b>Cost (\$)</b>
Inspection	Yes	\$150.00
	<b>TOTAL</b>	<b>\$150.00</b>
Re-inspection (if required)		\$100.00
<b>RECEIPT NUMBER:</b>		