



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 ☐

3. Swimming Pool Register

Has the swimming pool been registered on the Department of Local Government Website:

Yes ☐ (please provide a copy of your certificate of registration)

Please provide Swimming Pool Registration Number: _____

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 **

4. Details of Applicant(s)

First Name(s): _____ Family Name(s): _____

Postal Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Day time Telephone Number: _____

Email Address: _____

5. Applicant Signature(s)		
<p>All applicant(s) must sign the application form.</p> <p>Applicants Name: _____ Applicants Signature: _____</p> <p>Applicants Name: _____ Applicants Signature: _____</p> <p>Date: _____</p>		
6. Property Owner(s) Consent		
<p>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.</p> <p style="text-align: center;">**Please note that ALL owners must sign this application**</p>		
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: _____	
HOW TO LODGE THIS APPLICATION:		
Courier or in person: Mail: ABN: How to contact us:	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	BANK ACCOUNT DETAILS: COMMONWEALTH BANK BSB: 062-573 ACCOUNT NO: 00000242
Fees and Charges	Required	Cost (\$)
Inspection	Yes	\$184.00
	TOTAL	\$184.00
Re-inspection (if required)		\$184.00
RECEIPT NUMBER:		