# WAVERLEY

#### **APPLICATION FOR**

## **NSW Swimming Pool Register Registration Request**

**Swimming Pools Act 1992** 

OFFICE USE ON	LY					
Council Reference	ce Pool No	:SP-				
Registration Fee	: \$9					
Date Received:						
Receipt No:					Cost	code: Receipt to License
	ning Pools A	act 1992, the owner of a premise the owner online free of charge				
Address of p	ool					
Lot No(s):		Section:		DP/SP Number:		
Unit No:		Street No:		Street Name:		
Suburb:					Post Code:	
NSW Pool Regist	ration:					
Applicant de	tails					
Date of Applicati						
Title:	□Mr	□Mrs	□Ms		□ Other	
First Name:			Famil	y Name:		
Mailing Address:						
Suburb:						
Email Address:						
Phone No.:			State		Post Cod	e:
Signature:						
CM reference: D24//114	682   Last upda	ated: 17/10/2024				1/-

Postal address

PO Box 9, Bondi Junction NSW 1355 ABN 12502583608 Waverley Council Service Centres

Bondi Junction Customer Service Centre, 55 Spring St, Bondi Junction NSW 2022 Bondi Pavilion Customer Service, Queen Elizabeth Drive, Bondi Beach NSW 2026 W waverley.nsw.gov.au E info@waverley.nsw.gov.au T (02) 9083 8000

Are you the p	property owner or the owner	·'s agent?	
☐ Owner	$\square$ Agent- Authorized by $\mathfrak c$	owner	
Owner's	consent		
staff to unde application.  • Council report of the staff to under the	rtake all necessary inspection I also authorise:  bresentatives to enter the site one owner, every owner mu	ication relates, I/we consent to this applic ns of the premises in order to properly ass e for the purpose of site inspections. ust sign. as their legal representative, please state	ess this certificate of compliance
Attorney, Ex	xecutor, Trustee:		and attach evidence of this authority.
	erty is within a strata plan, the er is a Company, a Director ar	e consent of the Owners Corporation is red nd the Secretary must sign.	quired under seal.
Full Name:		Full Name:	Full Name:
Address:		Address:	Address:
Phone No.:		Phone No.:	Phone No.:
Email Addres	ss:	Email Address:	Email Address:
Signature:		Signature:	Signature:
Date:		Date:	Date:
1	/	1	1
If signing on I	behalf of a Company, please	also indicate your position within the Com	pany:
Position:		Position:	Position:

CM reference: D24/114682 | Last updated: 17/10/2024

Company Name:

Company Name:

Company Name:

### Latera et

Pool details						
Type of premises						
□ Single residential dwelling □ Multi re		esidential dwelling	☐ Tourist of visitor accommodation		☐ Other (please specify)	
Which of the following best d	escribes y	our property?				
☐ Waterfront Area		han 2 hectares 🗆 Less than 230s		qm	☐ Other	
Which of the following best d	escribes y	our pool?				
☐ Above Ground/Inflatable		☐ Outdoor In Ground		☐ Outdoor Ou	ıt-of-Ground	
☐ Spa/Hot Tub		□ Indoor				
Which of the following best d	escribes w	hen your pool was	s built?			
☐ Pre 1 Aug 1990 ☐ 1 Aug 1		990-31 Aug 2008		0 Apr 2013	☐ After 1 May 2013	
Which of the following best do (or means of access) to your p						
□ Pre 1 Aug 1990	☐ 1 Aug 1990-31 Aug 2008		☐ 1 Sep 2008- 30 Apr 2013		☐ After 1 May 2013	
How to lodge this appli You can lodge your completed In person: At any of Counc	applicatio	n form and any requ	_	cuments:		

At any of Council's Customer Service Centres:

Bondi Junction Customer Service Centre, 55 Spring St, Bondi Junction NSW 2022

### **Declaration**

- I declare that the information given is true and correct.
- I declare that I authorise the council to disclose my personal information to NSW Government agencies (as required) for the purpose of registering my swimming pool.
- I understand if incomplete, the request may be delayed or rejected.
- A processing fee must be paid.
- The personal information required on this form may be available for public access under various legislation.

Applicant's Signature		Date		1	1		
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#### **Privacy notice**

Waverley Council (55 Spring Street, Bondi Junction NSW 2022) is collecting and holding your personal information for the purpose of processing your request or application. The intended recipients of your personal information are Council officers and other service providers necessary to process your request or application, if applicable. We will not disclose your personal information to anybody else unless you have given consent, or we are authorised or required to do so by law. This form is classified as open access information under the *Government Information (Public Access) Act 2009* and may be disclosed to members of the public on request. If you do not provide your personal information, we may be unable to process your request or application. To access or correct your personal information, please contact info@waverley.nsw.gov.au or call 9083 8000. For further details on how Council manages your personal information, please refer to the Privacy Management Plan on our website: waverley.nsw.gov.au/privacy

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4/4