



# Application for Pool Safety Fence Inspection

Section 24 – Swimming Pool Acts 1992

Warringah Council

## Address the application to:

- The General Manager  
Warringah Council  
DX 9118 Dee Why
- Customer Service Centre  
Warringah Council  
Civic Centre, 725 Pittwater Road  
Dee Why NSW 2099

## If you need help lodging your application:

- Phone our Customer Service Centre on (02) 9942 2111 or;
- Come in and talk to us

## Office Use Only

August 07

## PART 1 Site & Owner Details

Site & Owner Details

Mr  Mrs  Ms  Other

Full Family name  
(or Company)

Full Given names (no initials)  
(or A.C.N)

Phone ( ) BH

Alternate ( )

Mobile

Facsimile ( )

Swimming Pool Address

Lot No. & DP, MPS, Vol/Fol

## PART 2 Conditions

Applicants are advised

- You are entitled to appeal to the Land & Environment Court against Council's refusal of this application, should the situation arise.
- For the purpose of the appeal proceedings arising in connection with an application under Section 34 of the Swimming Pools Act 1992, Council is taken to have refused the application if it has not finally determined the application within 6 weeks of the application being received.
- Section 24 of the Swimming Pools Act and Section 14 of the Swimming Pools Regulation provide further information if required.

## PART 3 Applicant Declaration

Applicant Declaration

I/We hereby make application to Warringah Council for the issue of a Certificate of Compliance in response to the Swimming Pool at the address nominated above.

Applicant Signature

Date \_\_\_/\_\_\_/\_\_\_

## Office Use Only - Part A\*

Receipt No:	<input type="text"/>	Cashier Type 5340:	<input type="text"/>
Property No:	<input type="text"/>	Picked Up:	<input type="text"/>
C R No:	<input type="text"/>	Receiving Officer:	<input type="text"/>
Notes Number:	<input type="text"/>	Posted:	<input type="text"/>
Permit No:	<input type="text"/>	Inspection by:	<input type="text"/>
Date:	<input type="text"/> Rang: <input type="text"/>	Spoke to:	<input type="text"/> Time: <input type="text"/> pm/am
Level No:	<input type="text"/>	Total Amount Payable:	\$ <input type="text"/>

**\*Part A is a universal section, please use applicable boxes only**

## Credit Card Details - Council Payment Fax No: 9942 2606

Please charge my: American Express  Master Card  Visa

Card Number:    Expiry Date  /

Card Holders Name  Amount \$

Signature  Phone (  )  daytime

**Please note that all Credit Card payments are subject to a 1% service fee.**