

Notification Public Swimming Pool or Spa Pool

City Development – Environmental Services

Guidance

Once received this information will be entered into Council's Public Swimming Pool Register. Your premises will then be routinely inspected at least once per year dependent upon performance and compliance with Regulations.

Reinspection may occur for non-compliances and a fee charged.

Note: The Local Government Authority must be notified within 7 (seven) days of any changes to details.

1 Business Details

Entity Name:

Entity ABN/ ACN:

Trading/ Business Name (if different from above):

Trading/ Business Postal Address (as registered with ASIC):

2. Details of the Applicant

Mr Mrs Ms Other:

First Name:

Last Name:

Unit / Street No:

Street Name:

Suburb:

State:

Postcode:

Telephone / Mobile:

Email:

Office use only

Receipt Number:

Amount \$:

Issue Date: 03/2021

Review date: 03/2023

Form No: 3554

Owned by: Env Services



3.	Description of Type of Pool/Spa (please tick all applicable and indicate number if more than one)	
<input type="checkbox"/>	Swimming pool (outdoor)	<input type="checkbox"/> Swimming Pool (Indoor heated)
<input type="checkbox"/>	Spa	<input type="checkbox"/> Splash Pad
<input type="checkbox"/>	Other (please specify)	
4.	Method of Disinfection (please tick all applicable)	
<input type="checkbox"/>	Bromine	<input type="checkbox"/> Chlorine
<input type="checkbox"/>	Ozone	<input type="checkbox"/> Other (specify):
5.	Manager Note: if the Manager is the applicant please write "applicant " below	
Name:		
Telephone / Mobile:		
Email:		
6.	Owner(s) Note: if the Owner is the applicant please write "applicant " below	
Name:		
Postal Address:		
Telephone / Mobile:		
Email:		
7.	Applicant Declaration - Note: If Owner is the applicant leave blank	
I, the undersigned declare that all information supplied on this registration form is true and correct.		
Applicant Signature:		Date:
8.	Owner(s) Declaration	
I/We, the undersigned are the owner(s) of the property described in this notification and consent to its lodgement. I/We hereby permit any duly authorised officer of the Council of the City of Shoalhaven to enter the premises to carry out an inspection as required for the administration of the Act(s) and Regulations.		
Owner(s) Signature:		Date:
Important Information		
Privacy & Public Access to Information		
Information supplied on this form will be managed in accordance with Council's Privacy Management Plan , Public Access to Council Information Policy and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the <i>Government Information (Public Access) Act 2009</i> (GIPA Act). Further information on privacy and public access to information can be found on Council's website: https://shoalhaven.nsw.gov.au/My-Council/About-Council/Privacy-and-personal-information		
Lodgement Details		
You can lodge the completed application by		
Email: council@shoalhaven.nsw.gov.au or		
In person: Council offices at Bridge Rd, Nowra or Deering St, Ulladulla.		
Mail: PO Box 42, Nowra NSW 2541 Australia		
Once your application is received, a Council Officer will contact you if further information is required.		