

DUNGOG SHIRE COUNCIL

All Communications to be address to:

The General Manager Telephone: 02 4995 7777
Dungog Shire Council Facsimile: 02 4995 7750

P O Box 95

DUNGOG NSW 2420

Email: Website: shirecouncil@dungog,nsw.gov.au

Vebsite: <u>www.dungog.nsw.gov.au</u>

ADDI ICATION I	FOR SWIMMING PO	OL CEPTIFICATE O	E COMPLIANCE
APPLICATION I	FUR SWIIWIIWIING PU	UL CERTIFICATE U	T CUMPLIANCE

Swimming Pools Ad	t 1992	: Section :	22					
Application is made	by			of	of			
			(name of applicant)					
			phone no			арр. і	ef	
(address of applica	•	0 ((6)						
for swimming pool Co the existing pool locat				on 22 (of the <i>Swim</i>	ming Pools	Act 199	2 in relation to
The applicant is (*delete whichever Is not applicable)	 a) the owner of the property or any other person having the owner's consent to make the application: or b) The purchaser under a contract for the sale of property, which comprises or includes the building or part, or the purchaser's solicitor or agent: or c) A public authority which has notified the owner of its intention to apply for a certificate. 							
			CONSENT	OF O	VNFR			
(The consent in writing the applicant is a per	-		f the property	or the	owner's so		gent is n	ecessary unless
I								
		(/\	Name of owner or ow	ner's sol	citor or agent)			
of								
		•	ddress of owner or ov					
being the owner/owne	er's soli	citor/agent	*consent to the	e maki	ng of this a _l	oplication.		
(Date)					(Signatur	e of owner or ov	vner's solicito	or or agent)
LOCATION	I	DENTIFICA	ATION OF PRO	OPER	TY AND PO	OOL/SPA		
Street				Side of Street				
House No/Unit No/or Na	House No/Unit No/or Name			Nearest Cross Street				
DESCRIPTION OF LAN	ND							
Lot/Portion NO.					Section			
O.P./5.P./Estate	O.P./5.P./Estate				District/Town/Village			
County					Parish			
PRESCIBED FEES								
Registered:		Yes I have <u>OR</u> the pool was already entere Register. PID#			I into the	NO I hav	e <u>not</u> d the pool.	\$10.00
First Inspection:						1 0	•	\$150.00
Subsequent Inspection	n (the Of	ficer was red	quired to re-atter	nd the	property to e	nsure comp	liance):	\$100.00
(Date)					(Signatur	e of applicant)		
OFFICE USE ONLY								
Parcel No:			Zone No:			DA/CC/BA	A No's	
Owners			I					
Fee:			Receipt No:			Date Rece	ived:	
Inspection Date:			Result:			Signature	•	