

APPLICATION for a CERTIFICATE of EXEMPTION

under the *Swimming Pools Act 1992* Section 22.

It may be beneficial to book a meeting with Council Pool Safety prior to lodging this application.

Subject Land

Address

Lot No & DP or Strata No

OFFICE USE ONLY

Application Ref PoolNo ___/___

Application Fee: \$ _____

Receipt No: _____

Date Received: _____

Applicant

Name

Address

Contact numbers

Tel: _____

Fax: _____

Signature

Mobile: _____

Owner Details & Consent

Name

(If Applicant write "As Above")

Address

Contact number

Tel: _____

As owner(s) of the land to which this application relates, I/we consent to this application and authorise Sutherland Shire Council staff to undertake all necessary inspections of the premises in order to properly assess this certificate of compliance application.

Signature(s):

of Owner(s) _____

Date: _____

DETAILS FOR ACCESS

Name

Contact no. (telephone)

Tel: _____

Mobile: _____

Access Instructions

(If Any)
