

Swimming Pools Act 1992

Application for Exemption

Section 22 *Swimming Pool Act 1992*

File Reference:

Expiry Date: 30 June 2018

About this Form

Use this form to request an exemption from the barrier requirements of the *Swimming Pools Act 1992* that are impracticable or unreasonable or alternative provision, no less effective than the requirements of the Act, exists for restricting access to the swimming pool.

Documentation

See points 7 & 8

Lodgement & Fees

Please follow instructions on Page 2

Any questions

Phone Customer Service on (02) 9391 7000, or call in personally (see page 3)

Application and site details

1. Applicant

Name, address, contact details & signature.

Title: Mr Mrs Miss Ms Other.....

Family Name (or company):.....

Given names (or CAN):

Postal address:

.....

Phone (B) (.....)..... Fax (.....).....

Phone (H) (.....)..... E-mail:

Contact person (only if a company etc)

2. Declaration

I the undersigned hereby apply to Woollahra Municipal Council for an exemption to all or any of the requirements of the *Swimming Pools Act 1992* pursuant to Section 22 of *Swimming Pools Act 1992* & hereby declare that the information provided with this application is accurate and correct.

Applicant's Signature: Date:

2. Location and title description of the property

Street Address:

Suburb: Postcode

Lot: Section: DP:

Strata Plan: Other:

3. Owner of property

Name, address and contact details.

Title: Mr Mrs Miss Ms Other.....

Family Name:

Given names:

Postal address:

.....

Phone (B) (.....)..... Fax (.....).....

Phone (H) (.....)..... E-mail:

- 4. Owner's Consent** As the owner(s) of the property subject to this application I/we consent to the lodgement of this application.

Owner's Signature: Date:

▼ Swimming Pool Details

- 5. Type & Age of Pool(s)**
- Type of Pool(s):
- | | | |
|---|---|---|
| <input type="checkbox"/> In-ground concrete | <input type="checkbox"/> In-ground fibreglass | <input type="checkbox"/> In-ground other |
| <input type="checkbox"/> Above ground pool | <input type="checkbox"/> In-ground spa | <input type="checkbox"/> Above ground spa |

Date pool constructed or installed: _____

▼ Supporting Documents

- 6. Information required**
1. A site sketch showing the location of all buildings, including outbuildings, the location of the pool(s), fences, gates and doors/windows providing access or likely to provide access to pool areas must accompany this application;
 2. A written submission/statement detailing the particular circumstances of the case that:
 - (a) explain the reasons why it is impracticable or unreasonable (because of the physical nature of the premises, because of the design or construction of the swimming pool or because of special circumstances of a kind recognised by the regulations as justifying the granting of an exemption) for the fencing to comply with all the requirements of the Swimming Pools Act 1992, or
 - (b) details the alternative provisions, no less effective than those requirements, that are provided in the Swimming Pools Act 1992, that exist for restricting access to the swimming pool.

Pursuant to Clause 15 of the *Swimming Pools Regulation 2008* the applicant's attention is drawn to the following;

- 7. Advice to Applicant**
- "(1) A local authority:*
- (a) that refuses to grant an exemption under section 22 of the Act in respect of a swimming pool, or*
 - (b) that imposes conditions on an exemption under section 22 of the Act in respect of a swimming pool, must cause notice of the decision to be served on the owner of the premises in or on which the swimming pool is situated.*
- (2) Such a notice:*
- (a) must give reasons for the decision, and*
 - (b) must state that the owner of the premises is entitled to appeal to the Land and Environment Court from the decision."*

▼ Checklist

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you fully completed this application form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you attached a site sketch providing the required details? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you attached your written submission/statement detailing the particular circumstances of the case to support your application for an exemption? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IF YOU ANSWERED NO TO ANY QUESTIONS DO NOT SUBMIT THE APPLICATION

How to lodge this application

Address the application to: The General Manager
Woollahra Municipal Council

Address the application to: The General Manager
Woollahra Municipal Council

You can send it to us by any of the following methods

Post: PO Box 61
Double Bay 1360

DX: DX 3607 Double Bay

Courier or personal delivery: Woollahra Council
536 New South Head Road
Double Bay NSW 2028

How to contact us by phone, fax or electronically

Phone: (02) 9391 7000

Fax: (02) 9391 7044

Email: records@woollahra.nsw.gov.au

Web: www.woollahra.nsw.gov.au

Who to contact: The Compliance officer handling your application in the Compliance section.

If you wish to discuss a proposal with one of our Compliance officers, it's essential that you arrange an appointment. We recommend that you consult with a Council Compliance officer before lodging this application.

Fees

The fee for this application is \$70.00, in accordance with Clause 13 of the *Swimming Pools Regulation 2008*.

Payment methods

In Person

Payment can be made at our Customer Service Centre by the following methods: cash, EFTPOS, cheque, Money Order (make payable to Woollahra Council) or by credit card — American Express, Diners Club, MasterCard or Visa. Credit card payment will incur a processing fee.

By Mail

For credit card payments, please complete the attached "Credit Card Payment" form.

For cheque payments, please make payable to Woollahra Council.

Acknowledgement

You will receive a receipt specifying the amount of fees paid. We will acknowledge that we have received your application and provide you with the registered number of the application and the name of the officer who will be dealing with your application.

Making a personal visit?

Woollahra Council is located at 536 New South Head Road, Double Bay. We look forward to seeing you.

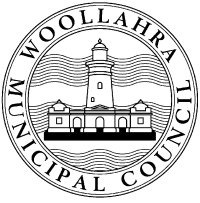
Bus or Rail: Train to Edgecliff and take the bus or walk from the interchange at the Edgecliff Centre.

Parking: Short term customer parking spaces are available on site. On street parking in nearby streets is also available.

Privacy notification

The personal details requested on this form are required under the *Swimming Pool Act 1992* and will only be used in connection with the requirements of this legislation. Access to this information is restricted to Woollahra Municipal Council officers and other people authorised under the Act. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

To be completed by Council's Cashier and Customer Service Officer. GST is not applicable. <i>Retain your receipt as proof of lodgement of the application.</i> <input checked="" type="checkbox"/> Receiving Officer: Date: <input checked="" type="checkbox"/> Cashier: Date:				OFFICE USE ONLY
	Fee type	Amount	Date	Receipt Code
	Application Fee	\$70.00		T132
	Total:			



Credit Card Payment Form

All credit card payment will incur a processing fee currently 0.55%

Payments should be sent to: Woollahra Council
536 New South Head Road
DOUBLE BAY NSW 2028

OR

PO Box 61
DOUBLE BAY NSW 1360

OR

DX 3607 DOUBLE BAY

Credit card payment

This matter will not be processed until the credit card payment has been authorised

Tick Applicable Credit Card	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DINERS CLUB	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA															
Full Name on Credit Card																			
Credit Card No.				--															
Card Expiry Date			--			Total Amount Paid	\$												
Cardholder's Signature																			
Date							Contact Phone No.												

Reason for payment

Please indicate in this section the reason for the payment and any other applicable information.

Payment For _____

Council Reference Eg. DA No.etc _____

Address (where applicable) _____

PRIVACY NOTIFICATION

The personal details requested on this form are being collected, and will only be used for, the purpose of processing your payment. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council will not be able to process your payment. Access to the information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.

OFFICE USE ONLY	Payment Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cashier	_____	
	Date	_____	