

Swimming Pools Act 1992

Application for Exemption

Sections 22 Swimming Po	ool Act 1992			Effective	e from July 2023 to June 2024
File reference: (Office Use Only)					
About this form					
	est an exemption from the ba ternative provision, no less e				
Please call our Custor	mer Service Centre on (02) 9	9391 7000 for a	ny assistance.		
Applicant's details	;				
Title:					
Full name:					
Company name: (if applicable)					
Company contact: (if applicable)				ABN / ACN:	
Address:					
Phone:		Email:			
Swimming Pools Act	eby apply to Woollahra Munion 1992 pursuant to Section 22 lication is accurate and corre	of Swimming Po			
Applicant's signatur				Date	
Owner's details &	consent				
Title:					
Full name:					
Address:					
Phone:			Email	:	
As the owner(s) of the property subject to this application I/we consent to the lodgement of this application.					
Owner's signature				Date	

Site details (Location and	d title descri	ption of the propei	ty)	
Full address:				
ruii address.				
Lot(s):	Sec	tion:	Deposited Plan(s):	Strata Plan:
Swimming pool details (Type and a	ge of pool(s))		
Type of pool(s):				
☐ In-ground concrete		In-ground fibre glas	ss 🗌 In-grou	and other
☐ Above ground concrete	te 🔲 In-ground spa 🔲 Above ground spa		ground spa	
Date pool was constructed	l or installed	:		
Supporting documentat	ion	_		
 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. 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 				
Evidence of registration	(b) do	etails the alternative re provided in the So ne swimming pool.	wimming Pools Act 1992, th	re than those requirements, that nat exist for restricting access to
		ning Pools Act 1992	istration of the swimming p	ool under Part 3A of the
Advice to applicant Pursuant to Clause 15 of the Swimming Pools Regulation 2018 the applicant's attendrawn to the following; "(1) A local authority: (a) that refuses to grant an exemption under section 22 of the Act in respect or swimming pool, or (b) that imposes conditions on an exemption under section 22 of the Act in respect or a swimming pool, must cause notice of the decision to be served on the own the premises in or on which the swimming pool is situated.				2018 the applicant's attention is
				section 22 of the Act in respect of sion to be served on the owner of
	(2) Such a (a) m (b) m	a notice: nust give reasons for nust state that the ov	r the decision, and	tled to appeal to the Land and
Checklist				
Have you fully complete	d this applica	ation form.		☐ Yes ☐ No
2. Have you attached a sit	e sketch prov	riding the required d	etails	☐ Yes ☐ No
Have you attached your the case to support your			tailing the particular circum	stances of Yes No
IF YOU ANSWERED "NO"	TO ANY QU	ESTIONS DO NOT	SUBMIT THE APPLICATION	ON

Fees

The fee for this application is \$250.00, in accordance with Clause 13 of the Swimming Pools Regulation 2018.

Privacy and conditions of use

For more information about Privacy & Personal Information Policy: www.woollahra.nsw.gov.au/privacy.

Lodgement details

Who to The Building & Compliance officer handling your application in the Compliance section.

contact: If you wish to discuss a proposal with one of our Building & Compliance officers, it's essential that you arrange an appointment.

We recommend that you consult with a Council Building & Compliance officer before lodging this application.

Mail to: Woollahra Municipal Council

PO Box 61 Double Bay 1360

In person: Council Chambers

536 New South Head Road Double Bay NSW 2028

Email: records@woollahra.nsw.gov.au Telephone: (02) 9391 7000

Website: www.woollahra.nsw.gov.au

Payment methods:

Payment can be made at our Customer Service Department by the following methods: cash, EFTPOS, Money Order cheque (make cheques payable to Woollahra Council), or credit card – American Express, MasterCard or Visa.

Credit card payments will incur a processing fee.

OFFICE USE ONLY	Fee type	Fee	Receipt code				
To be completed by Council's Cashier and Customer Service Officer.	Application fee	\$250.00	T132				
GST is not applicable.			_				
Retain your receipt as proof of lodgement of the application	Total:						
Cashier:		Date:					
Building & Compliance Officer's assessment	:						
Building & Compliance Officer's recommendation:							



Payment Form

Payment methods

Payment in person at Council's Customer Service Centre can be made in cash, EFTPOS, cheque or money order or credit card (American Express, MasterCard and Visa).

Payment details

All credit card payments will incur a processing fee of 0.55%.

Separate cheques are required for integrated development fees to the relevant body. Cheques and money orders are payable to **Woollahra Council.**

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

PO Box 61 DOUBLE BAY NSW 1360

Privacy notice

The personal information in this form is required under the Environmental Planning and Assessment Act 1979 and will only be used for processing of payments. If you do not provide the information, Council will not be able to process your payment and application. Payment information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may request amendment of any personal information held by Council that is incorrect.

rayillelli particulars					
Payment for:					
Council reference:					
Application address:					
Credit card details					
			☐ MastarCand		Гургана
Card type:	□ Visa		☐ MasterCard	☐ Americar	Express
Card number:					
Cardholder name:				Expiry date:	
Total amount paid \$:				CVV:	
Cardholder signature:				Contact number	
OFFICE USE ONLY					
Cashier's name:		Cashier's signature:			
Payment processed: Yes		No 🗆		Date:	