

Swimming Pools Act 1992 Application for Exemption

-	Sections 22 Swimming Pool Act 1992	
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Effective from July 2025 to June 2026

File reference:	
(Office Use Only)	

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.

Please call our Customer Service Centre on (02) 9391 7000 for any assistance.

Applicant's details	5		
Title:			
Full name:			
Company name: (if applicable)			
Company contact: (if applicable)			ABN / ACN:
Address:			
Phone:		Email:	

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.

Email:
1

Owner's signature

Date

Site details (Location and title description of the property)								
Full address:								
Lot(s):	Sectio		Sectio	n:	Deposited Plan(s):		Strata Plan:	
Swimming pool	wimming pool details (Type and age of pool(s))							
Type of pool(s):								
In-ground cond	crete		🗌 In	-ground fibre glass		In-ground other		
Above ground	concrete		🗌 In	-ground spa		Above ground s	ра	
Date pool was co	nstructed o	or ins	stalled:					
Supporting doc	umentatio	n						
Supporting documentation 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 provaccess to pool areas must accompany this application.								
(a			(a) expla phys swin regu with	 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 details the alternative provisions, no less effective than those requirements, that 				
	(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.							
vidence of registration Attach evidence of the registration of the swimming pool under Part 3A of the <i>Swimming Pools Act 1992</i> .								
Advice to applicant Pursuant to Clause 15 of the <i>Swimming Pools Regulation 2018</i> the applicant's attention drawn to the following;			applicant's attention is					
			"(1) A local authority:					
			• •	refuses to grant an e nming pool, or	exemption unde	er section 22 of the	e Act in respect of a	
			a sw	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.				
		• •	Such a notice:					
			(b) mus	t give reasons for the t state that the owne ronment Court from	er of the premise		peal to the Land and "	
Checklist								
	completed	thia	application	- form				

3.	Have you attached your written submission/statement detailing the particular circumstances of the case to support your application for an exemption	🗌 Yes 🗌 No
2.	Have you attached a site sketch providing the required details	🗌 Yes 🗌 No
1.		

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

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 contact: The Building & Compliance officer handling your application in the Compliance section. If you wish to discuss a proposal with one of our Building & Compliance officers, it's essential that you arrange an appoin 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, 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.

Payment particulars				
Payment for:				
Council reference:				
Application address:				
Credit card details				
Card type:	🗌 Visa	☐ MasterCard	American	Express
Card number:				
Cardholder name:			Expiry date:	
Total amount paid \$:			CVV:	
Cardholder signature:			Contact number	
OFFICE USE ONLY				
Cashier's name:		Cashier'	s signature:	