

Barcoo Shire Council

6 Perkins Street Jundah
PO Box 14
Jundah QLD 4736

Telephone 07 4658 6900 Facsimile 07 4658 6137
Email shire@barcoo.qld.gov.au
Website www.barcoo.qld.gov.au



Local Government
Act 1993

Local Law
(Swimming Pools)

Swimming Pool (Public Pools)

Application for Registration of a Swimming Pool

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

Swimming Pool Registration Fee _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I hereby apply for permission to construct a swimming pool in accordance with the details provided.

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I hereby apply for permission to construct a swimming pool in accordance with the details provided.

Signature _____ Date / /

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

Business name must be registered with the Dept of Justice and Attorney-General.

If applicant is a company, insert company name and ACN / ARBN.

Please state current pool

Business details

Business name BN

Company name ACN / ARBN

Street address of pool

Locality / Suburb

State

Postcode

Enter postal address if different from street address.	Postal address		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____	
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish

Owner/s consent

This is the name and address of the owner/s of the premises.	Name		
	Street address		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
If there are additional owners, please attach additional owner information to this form.	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____	
	I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant/s making this application		
	Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Building details

Name of builder	
Address of builder	
Locality / Suburb	
State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Estimated value of pool (incl. labour) \$	Water surface area m ²
Size of pool metres	Capacity litres
Depth shallow end metres	Depth deep end metres
Type of construction	
Apparatus for filtration of chlorination	

Pool details

Siting details – distance from the internal face of pool wall to

Street alignment metres	Rear boundary metres
Nearest side boundary metres	Nearest building metres

Materials of which pool is to be constructed

Floors
Walls
Lining

The minimum distance from any building to the edge of the pool is to be the depth of the pool plus the estimate depth of the foundation of the building or as otherwise approved by the Building Department.

Extraneous matters to be removed from the pool by Scum gutters Surface skimmers

If surface skimmers are to be used please state

No. skimmers	Width of each skimmer centimetres
Width of pool concourse metres	

State method of draining the pool
Drained to

Select as applicable

Water

Water is supplied to the pool from

Council's reticulated supply Private supply

Is the water supply metered? No Yes

List the filtration and purification equipment to be provided giving details of units and drawings if available.

NB: Chlorination by hand dosage using approved powder form permitted for pools not exceeding 55 sq metres water surface area.

No. inlets for filtered water to be provided in pool

Please state position of such inlets and details on site plan

Time required for one complete turnover of pool water hours

Diameter of circulation pipe work to be shown on site plan

Pump suction centimetres

Filtered water delivery centimetres

If pool is to be used by the public or for instructional training or coaching purposes, what dressing, ablutionary and sanitary accommodation will be provided?

WCs Wash basins

Urinals Showers

NB. Such accommodation must be the subject of a separate building application.

State the no. ladders to be provided in the pool (see Clause 9 of the code)

Fencing

Is the property on which the pool is to be erected in accordance with Clause 11 of the code?

No Yes

If yes, please state height and type of fence

Fence height metres

Type of fence

If no, state height and type of fence and indicate position of fencing on attached site plan

Fence height metres

Type of fence

Lodgement

Please attach the following:

1. Two site plans drawn to a scale not smaller than one to five hundred (1:500) showing the location of the proposed pool in relation to the boundaries of the land and indicating siting of filtration equipment and piping.
2. Two construction plans showing the size and type of materials to be used.
3. Written proof that the necessary town planning consents and building approvals have been obtained.
4. Proposed management and supervision of the swimming pool (if applicable) including qualifications and experience of proposed managers and supervisors.
5. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

Please note: This application and fee MUST be lodged with your Council.

Office use only

Town Planning

Health Department

Building Department

Application fee Reg. no.

Receipt code ID no.

Authorised officer Inspection date

Recommendation Rec. no.

Date / / Account property no.