



Fraser Coast Regional Council

PHONE 1300 79 49 29

PO Box 1943, Hervey Bay QLD 4655

Fraser Coast
REGIONAL COUNCIL

Email: enquiry@frasercoast.qld.gov.au

Website: www.frasercoast.qld.gov.au

Local Government
Act 1993

Local Law
(Swimming Pools)

Swimming Pool

Application for Registration of a Swimming Pool

If you have any specific enquiries regarding how to complete this form or applicable fees please contact 1300 79 49 29 or SmartLicence on 1300 36 37 11.

Please complete this application in BLOCK LETTERS and tick boxes where applicable.

If a question does not apply, please indicate by writing "n/a".

Privacy Notice: In using this form you are providing personal information such as name and contact details. This information will be used for the purpose of processing your application as required under the Local Government Act 1993. Your personal information will be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

FEES

Please see current Fees
& Charges Schedule for
relevant fees

Applicant Details

Title Mr Mrs Ms Miss Other (specify)

Family Name

Given Names

Contact Details

Postal Address

Locality / Suburb

State

Postcode

Bus Ph

Bus Fax

Mobile

e-mail:

Premises Details

Name of Owner

Name of Premises (if applicable)

Street Address of Pool

Locality / Suburb

State

Postcode

Bus Ph

Bus Fax

Mobile

e-mail:

Please state address
for the pool. If the
same as above, write
"AS ABOVE".

Builders Details

Reg Plan Number

Lot Number

Parish

Name of the Builder

Address of Builder

Locality / Suburb

State

Postcode

Bus Ph

Mobile

Pool Details

Extraneous matters to be removed from the pool by:

Scum gutters

Surface skimmers

If surface skimmers are to be used please state:

Number of Skimmers

Width of each Skimmer

centimetres

Width of Pool Concourse

metres

Backwash drained to

Estimated Value of Pool (incl. labour)

Water Surface Area (m²)

Pool brand

Capacity

Depth shallow end

Depth deep end

Water

Water is supplied to the pool from Council's reticulated supply Private supply

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

Number of inlets for filtered water to be provided in pool

Please show position of such inlets and details on site plan

Diameter of circulation pipe work (to be shown on site plan)

Pump suction centimetres

Filtered water delivery centimetres

Chlorination equipment

Filtration unit make (eg Onga) Model (eg P21)

Pump unit make (eg Quietline) Model (eg SQ400)

If more than one pump and/or filter please advise: No. of Pumps: _____ No of filters: _____

Pool Certification

Provide certification from a suitably qualified and competent person (Engineer/Pool designer) to demonstrate that the equipment for chlorination, filtration and recirculation of the swimming pool water complies with Queensland Health Swimming and Spa Pool Water quality and Operational Guidelines (October 2004).

Ablution Facilities

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.

W.C 's Wash Basins

Urinals Showers

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

Attachments

Two site plans at a scale of not less than 1:500 showing the location of the proposed pool in relation to the boundaries of the land and indicating siting of:

- resuscitation sign
- skimmer box/s
- returns

Full details on proposed fencing construction and location are also to be shown.

Signature

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

Signature of Applicant

I, hereby consent to the above application

Signature of Owner of Premises (if not Applicant)

Name of Registered Proprietor

Date / / Witness:

Failure to supply required information will delay the processing of your application

Lodgement:

On completion of this application, please forward it, the required supporting documentation, and your application fee to Council at the address on the front of this form.

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

Office use only

Health Number (commercial only):

Amount Paid:

Receipt No.:

Date Paid: / /

Resus. Sign: Yes No

Backwash:

Filtration Unit:

Pump Unit:

Skimmer Box:

Returns:

Approved Not Approved

EHO: