



Address this application to: The General Manager, Edward River Council		Contact us	
Mail PO Box 270 Deniliquin NSW 2710	Personal Delivery 180 Cressy Street Deniliquin NSW 2710	Phone Fax Email	03 5898 3000 03 5898 3029 council@edwardriver.nsw.gov.au

1. Applicant Details

Applicant Name			
Postal Address <i>Your certificate will be posted to this address</i>			
Phone		Email	

2. Property where Swimming Pool is located

Street Number		Street	
Town		Site Area m ²	
Lot/DPs numbers			

3. Swimming Pool details

Pool type			
<input type="checkbox"/> Above ground	<input type="checkbox"/> In ground	<input type="checkbox"/> Other:	
Year of approval / installation			
Has the Swimming Pool been registered			<input type="checkbox"/> Yes <input type="checkbox"/> No

If No, the swimming pool must be registered www.swimmingpoolregister.nsw.gov.au prior to the issue of a compliance certificate

4. Inspection Arrangements Please provide details of how Council may access the property for the purpose of inspecting the swimming pool or who should be contacted to make arrangements for an inspection.

Access to Property Arrangements			
Contact Person		Phone/Email	

5. Owner/s Consent - I/we consent to this application. I/we give permission to Council Officers to enter the property for the purpose of inspecting the swimming pool and consent to photographs being taken of the pool area for the inspection.

Owner Name		Additional owner/s	
Signature	Signature/s

OFFICE USE ONLY	Fee:	<input type="checkbox"/> Compliant
	Date Lodged:	C of Non C No:
	Receipt No:	C of C No:
	Date Inspected:	Date Issued: