

Application for a Pool Safety Inspection

This form is to be used for the purposes of sections 246AA and 246AK of the Building Act 1975. A Pool Safety Certificate is required in Queensland at point of sale/lease of a property with a regulated pool.

Applicant Deta	ils			_	_				
Title	Surname			Given Na	ames				
Company Name									
Postal Address									
Suburb				State			Postcode		
Home Phone			Work Phone			Mobile			
Fax			Email Address						
Property Descr	iption (of p	roperty	on which pool is s	ituated)					
Lot Number			Plan Reference Nu	umber (RP,	, SP)				
Site Address									
Pool Owner De	tails (owner	r of poo	ol may not always l	be the ow	ner of t	he land)			
Title	Surname			Given Na	en Names				
Company Name									
Postal Address									
Suburb				State			Postcode		
Home Phone			Work Phone			Mobile			
Fax			Email Address						
Pool Details					_				
Current Pool Safety		No Current Pool Safety Certificate							
Pool Type	Shared Poo	ol	Non Shared Poo	ol	Site Plar	n Attached	Yes		No
Disability or impracticability exemption or alternate solution Yes Exem						mption Date			No
If yes please provi	de details								
Land Owner Co									
			enter the above pren ease organise with y	-			ı out a Pool S	afety	
Owner Name (ple									
Owner Signature						Date			

Privacy Statement

These details will only be used for the purpose for which they have been collected and will not be used for any other purpose. We will not disclose the information you provide outside of Council unless we are required by law or you have given your consent. To the fullest extent allowed by law Council, its officers and employees will not be liable for any claims in respect of any loss arising out of, or in connection with, the use of any of the supplied information.

Lockyer Valley Application for a Pool Safety Inspection Lockyer Valley Regional Council, PO Box 82, Gatton Qld 4343 Phone: 1300 005 872 Email: mailbox@lvrc.qld.gov.au