Fraser Coast Regional Council

PHONE 1300 79 49 29
PO Box 1943, Hervey Bay QLD 4655

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:

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

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:

Real Property Description

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 (m^2)
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

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
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: _____

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.

Fencing

Height and type of pool enclosure/fence

Fence height	metres
Construction materials of pool enclosure/fence	

Self closing & self latching gate opening outwards ☐ Yes ☐ No

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:**