



Swimming Pool Certificate of Compliance Application

(Section 22D Swimming Pool Act 1992)

Bogan Shire Council
P.O. Box 221
Nyngan, NSW 2825
Ph: (02) 6835 9000
Fax: (02) 6835 9011

Office Use Only
Application No.:
Fee Charged:
Receipt No.:
Date:

Part 1 Site and Applicant Details

1. Property Details

	House	Property/Building
Unit No	No.	Name
Street		
Town/Village/Locality		

2. Land Title Description

We need this to correctly identify the land

Lot(s)	Section
Deposited Plan(s)	
Other	Strata Plan

3. Your (the Applicant's) name

If you represent a company, please apply in the company's name. State your position under the "Title – Other".

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
Surname				
Given names				
Company				
Contact person				

4. Your postal address

.....
.....
.....

5. Your contact details

Phone (BH)	Mobile
Fax	Email

Part 2

Details of Swimming Pool

6. Details

Year Constructed?

Is the pool registered?

 Yes No

Is there a child resistant barrier around the pool?

Yes No

Resuscitation sign present?

Yes No

LODGEMENT INFORMATION**HOW TO LODGE YOUR APPLICATION****Mail**

Address the application to:

General Manager
 Bogan Shire Council
 PO Box 221
 NYNGAN NSW 2825

Payment Methods by Mail

Cheque or Credit Card (*complete the section below*)

Lodge in person

Between 8.30am and 4.00pm at
 Council's Office

Bogan Shire Council
 81 Cobar Street
 NYNGAN NSW 2825

Payment Methods in Person

Cash, Cheque, Credit Card and/ or
 EFTPOS

How to Contact Us

Phone: (02) 6835 9000
 Fax: (02) 6835 9011

E: admin@bogan.nsw.gov.au
 W: www.bogan.nsw.gov.au

Office Hours:
 8.00am to 4.30pm*

Fees

Fees are in accordance with
 Council's adopted fees and charges.

If you require further information regarding this request, please contact Council on (02) 6835 9000.

CREDIT CARD PAYMENT AUTHORITY**CREDIT CARD PAYMENT DETAILS**

<input type="checkbox"/> BANKCARD	Card holder phone Number:
<input type="checkbox"/> MASTERCARD	Number: / / /
<input type="checkbox"/> VISA	CCV Number:
NAME ON CARD:	EXPIRY DATE:
	SIGNATURE:

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