

FORM 22 – APPLICATION TO REGISTER A SWIMMING POOL OR SPA



TO Municipal Building Surveyor Benalla Rural City Council P O Box 227, BENALLA VIC 3672	Phone (03) 5760 2600 Email council@benalla.vic.gov.au
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OWNERSHIP DETAILS

NAME of owner of the land (the property) on which the swimming pool or spa is located
POSTAL ADDRESS
EMAIL
PHONE

PROPERTY DETAILS

NUMBER /LOT	STREET /ROAD		
MUNICIPAL DISTRICT/TOWN		POSTCODE	
LOT/S	LP/PS	VOLUME	FOLIO
CROWN ALLOTMENT	SECTION	PARISH	

TYPE OF SWIMMING POOL OR SPA

PERMANENT SWIMMING POOL <input type="checkbox"/>		PERMANENT SPA <input type="checkbox"/>
RELOCATABLE SWIMMING POOL <input type="checkbox"/>		RELOCATABLE SPA <input type="checkbox"/>

APPROXIMATE DATE OF CONSTRUCTION OR ERECTION / /

Please provide copies of any relevant building permit if available and/or any other information or documentation that provides evidence of when the swimming pool or spa was constructed.

OTHER BUILDING WORKS

Is there any other building works that has altered or resulted in changes to the barrier since the swimming pool or spa was constructed or erected?

YES NO

If yes, please provide details and copies of any relevant building permit or other documentation.

SIGNATURE

SIGNED 	DATE / /
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Information privacy
 The personal information requested on this form is being collected by Council for the purpose of maintaining a register of swimming pools and spas in accordance with the Building Act 1993, Building Amendment (Swimming Pool and Spa) Regulations 2019. The personal information will be used by the Council for that primary purpose or directly related purposes. The information may also be used to update Council's customer databases to assist the Council in discharging its functions or providing services. The personal information collected will not otherwise be disclosed unless permitted or required by law. If the information is not collected we are unable to process your application and provide the service sought by you. Requests for access to and/or amendment of personal information should be made to the Council's Privacy Officer.

OFFICE USE ONLY
Receipt No.
Date paid
Cashier initial