



APPLICATION TO REGISTER A SWIMMING POOL OR SPA

FORM 22

Building Act 1993, Building Regulations 2018, Regulation 147P(1)

To: The Municipal Building Surveyor

From applicant (to whom the permit is to be issued to)

Owner / Agent of Owner		ACN / ARBN	
Postal address of applicant		Postcode	
Email of applicant		Phone/Mobile	

Address for serving or giving documents

Address		Postcode	
Contact person		Phone/Mobile	
Email			

Ownership Details (if applicant is agent of owner) of the land/property on which the pool or spa is

Name of owner(s)		ACN / ARBN	
Postal Address		Postcode	
Contact person		Phone/Mobile	
Email			

Property Details (include title details as and if applicable)

Street Number		Street					
Township/Locality					Postcode		
Lot/s/CA		LP/PS/Sec		Volume		Folio	
Parish		County			Municipal District	Loddon Shire	

Type of swimming pool or spa. (Please Tick) ✓

Permanent swimming pool		Permanent spa	
Relocatable swimming pool		Relocatable spa	

For permanent swimming pools the approximate date that the swimming pool or spa was constructed.

Permanent swimming pool date:		Permanent spa date:	
<i>(Please provide copies of any relevant building permit if available and or any other documentations that provides evidence of when the swimming pool or spa was constructed)</i>			

For relocatable swimming pools or relocatable spas the date that the relocatable swimming pool or relocatable spa was erected.

Relocatable swimming pool date:		Relocatable spa date:	
<i>(Please provide copies of any relevant building permit if available and or any other documentations that provides evidence of when the swimming pool or spa was constructed)</i>			



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

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

Signature of applicant

Date

Office Use

Receipt Number:

Date

Credit card payment

Please charge my credit card for the amount of \$ _____

Card type: ☐ Bank Card ☐ MasterCard ☐ Visa Card

Expiry date: ____/____

CCV Number:

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on Card: _____

Signature: _____

Loddon Shire Council

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Email: loddon@loddon.vic.gov.au

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Privacy statement

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