

POOL COMPLIANCE INSPECTION REQUEST FORM

CHRC Building Section
Phone: 4982 8342

Applicants Name: _____

Applicants address: _____

Contact Number PH: _____

Email: _____

Owners Details: _____
(If not same as Applicant)

Owners Postal Address: _____

Property details where pool compliance is to be carried out:

Street Number: _____ Street: _____ Town: _____

Lot: _____ Registered Plan: _____

Vacant Owner Occupied Tenants Dogs

Please Select One:

Spas and Wading Pools & Report on Existing Fencing: **\$305.00**

In Ground and Above Ground Pools & Reports on Existing Fencing: **\$390.00**

Print your name here: _____

Applicants signature

Date

<u>OFFICE USE ONLY</u> (FEE TYPE – 287)	Receipt No:	Amount \$	Date:
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