

45 Princes Highway, Werribee, Victoria 3030, Australia PO Box 197, Werribee, Victoria 3030, Australia (03) 9742 0777 (03) 9742 0817 mail@wyndham.vic.gov.au ABN: 38 393 903 860

FORM 22

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

APPLICATION TO REGISTER A SWIMMING POOL OR SPA

Please complete form in BLOCK LETTERS

Ownership details:

Name of owner(s) of the land (the property) on which the swimming pool or spa is located

Postal address

Suburb

Postcode

Telephone

Email Address

Property Details: (please complete all information known)

Number	Street/road		City/suburb/town
Postcode	Lot/s	LP/PS	
Volume	Folio	Crown allotment	Section
Parish	County	Municipal district	



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Type of swimming pool or spa: (tick box of required information)

Permanent swimming pool	Permanent spa
Relocatable swimming pool	Relocatable spa

For permanent swimming pools and permanent spas, the approximate date that the swimming pool or spa was constructed

[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]

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

Has any other building work 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]

Fee Payable (gst not applicable) \$79.00

Send to: mail@wyndham.vic.gov.au

Privacy Notification:

The personal information requested on this form is being collected by Council in accordance with the Building Act 1993. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled, visit Council's Privacy Policy at https://www.wyndham.vic.gov.au/privacy-policy

OFFICE USE ONLY

Receipt No

Officer Supplying Information

wyndhamcity

Credit Card Payment Form - Building Services Only

TO: Wyndham City Cour	ncil – Building Services		
From			
Email	I declare that the information supplied is true and correct		
Date			
Your contact phone num	ber		
Payment for			
TYPE OF CARD			
Mastercard	Visa		
Card account number			
Expiry date			
Full name as it appears o	on credit card		
Full address of card hold	er		
Amount being paid		Receipt requi	red
		Yes	No